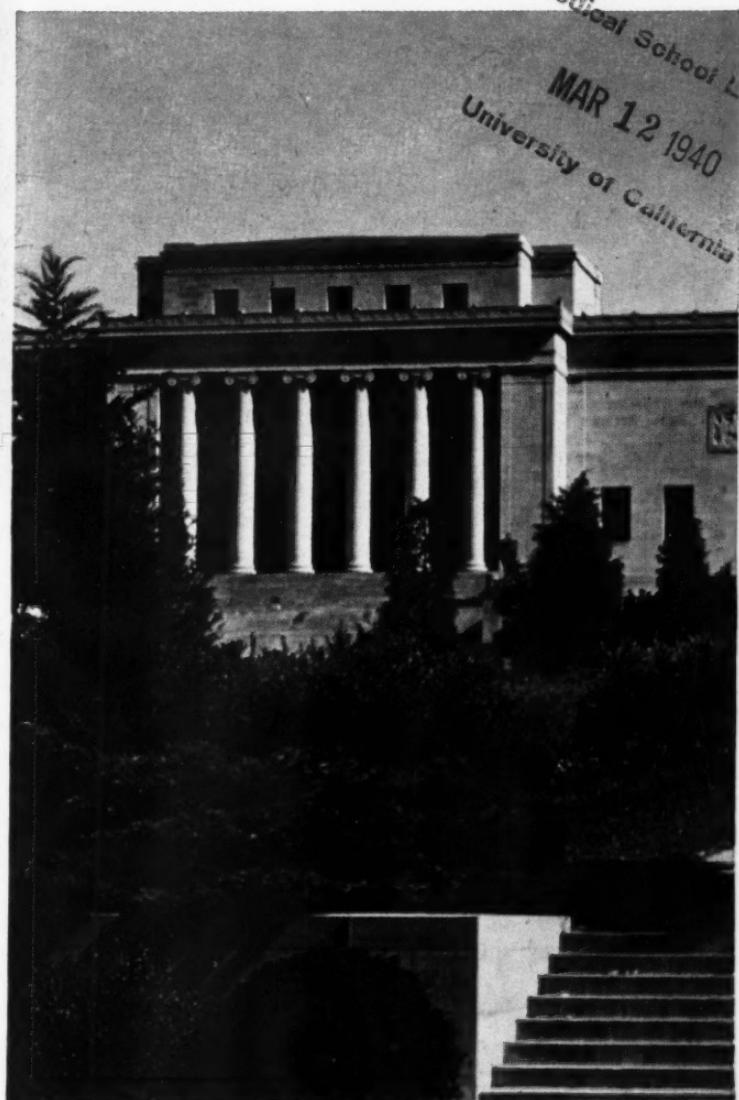


ORAL HYGIENE



The William Rockhill Nelson Gallery of Art in Kansas City.
Missouri-Kansas Dental Meeting, April 28—May 1, Kansas City, Missouri.

MARCH, 1940

Published for
The L. D. Caulk Company
Room 248, Flood Building
San Francisco, Calif.

PROTECTED

at all points of wear...



Contra-Angle U
Right-Angle R
or the
Sani-Terry
Contra-Angle
may be used
with the
Sani-Terry
Handpiece.



Sani-Terry HANDPIECES

At every point where handpieces first show signs of wear, Sani-Terry Handpieces are protected from wear by improved design, by the use of harder metals and by more effective heat treatment of the metals.

Sani-Terry Handpieces run truly and smoothly and because of their unusual resistance to wear retain these qualities for a long time.

THE *Cleveland* DENT
MANUFACTURING COMPANY
CLEVELAND, OHIO • U.S.A.

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It's Appalling -

To Find An Average Of Less Than 3 Patients In Dentists' Chairs per Business Day!



Our mutual interest lies in the number who should be there tomorrow

THE DENTAL PROFESSION has in its own hands the power to reach countless thousands badly in need of tooth repair and mouth health. These people are able to pay for such services but await an emergency. It is in this potential field we enlist our services and solicit the help of your patients.

More users of STIM-U-DENTS mean more people tooth conscious and consequently more people seeking the services of Dentists to maintain teeth and mouth health.

Your own patients as users have in STIM-U-DENTS the safeguard of self-examination of their teeth which naturally facilitates their relationship with you. In addition, you have their countless friends and acquaintances to whom they would naturally introduce STIM-U-DENTS and accordingly plant the seed of tooth consciousness. "Have a STIM-U-DENT. My Dentist, Dr. Blank, recommended their use."

The Results

*More tooth consciousness
More of your patients thinking of you
More new patients*

There is altogether too much tooth and mouth neglect with its resultant bodily ills, and too few patients per day in Dentists' chairs. Let us both do something about these important matters. Let us use *present patients* in an active campaign for *more patients*.

What Are STIM-U-DENTS?

STIM-U-DENTS were designed to fit the triangular interproximal spaces between the teeth. They are made of a soft tropical wood which does not sliver, and are used as tooth space cleaners and gum stimulators. They simultaneously remove food particles from between the teeth and clean and polish the contacted tooth surfaces, while the groove massages and stimulates the gum tissue. This cleaning, stimulating action is done pleasantly and thoroughly. It eliminates conditions under which bacteria thrive and puts "new life" into the contacted gum tissue.

BAD BREATH (one cause eliminated). The daily removal of food particles from between the teeth naturally prevents fermentation and its resultant bad odor.

We Have More To Tell You About Stim-U-Dents. See Next Page

Dentists tell Us -

Thousands of Dentists personally use and prescribe STIM-U-DENTS with the conviction that they are rendering a better service than ever before. They tell us of their value as an aid in the treatment of unhealthy mouth conditions, and recommend them as a new home aid to prophylaxis which is summed up by the following excerpt:

"Greatest prophylactic home treatment yet suggested. In my opinion, gum disease can not possibly exist in mouths daily subjected to treatment with STIM-U-DENTS."

Users tell Us -

More and more users enthusiastically tell us that STIM-U-DENTS have found cavities in their teeth that they didn't know were there. The safeguard of self-examination appeals to them. They are forewarned against delay and moved to contact their Dentists promptly for repairs. They appraise their teeth at higher value and wish to preserve them.

We like to think of our product as Your Assistant, daily checking the teeth of your patients because STIM-U-DENTS hit at the very heart of "tooth neglect." Let us therefore enlist every patient in a campaign of tooth consciousness. Let us cut down the inroads of neglect and build up desire for longer tooth life and healthier mouths with its automatic enlargement of practice.

Free samples of separated STIM-U-DENTS gladly sent. If not already on our mailing list, mail coupon today.

STIM-U-DENTS, Inc. 56 Alfred Street DETROIT, MICHIGAN

Please send free samples for patients.

Doctor
(Please print name and address)

Street and Number

City State

My Druggist's Name

Address
(Please print name and address)

NOTE: STIM-U-DENTS retail at 25c for 5 Large Size Pocket Containers. Many Dentists have preferred the convenience of pocket containers for distribution and accordingly have purchased our regular size packages at \$2.25 per dozen. *This is no longer necessary as we can now furnish a carton containing 100 Special Size Pocket Containers (see cut) for the exclusive use of the Profession (not for retail) at the nominal price of \$1.00, postage prepaid.* However, samples without pocket containers will be sent you periodically. If you desire to order Special Size Pocket Containers, you may indicate below. We pay the postage—send check with order if you desire to save C. O. D. charges.

Enclosed find \$..... Send me..... Special Size Pocket Containers.

KEEP YOUR PATIENTS THINKING OF YOU



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Extend Your . . .
RADIOGRAPHIC SERVICE
With the RITTER
SHOCKPROOF X-RAY



HOWEVER important intra-oral radiographs may be, extra-oral radiographs should be supplemented for a differential diagnosis . . .

These can be registered with the Ritter Shockproof X-Ray which is capable of producing radiographs of all bone structures of the human body.

Electrically, mechanically and radiographically, all Ritter features contribute to safety, simplicity and accuracy of operating technique.

Controls are simplified, involved adjustments have been eliminated . . . you can produce both intra- and extra-oral radiographs that have the clarity necessary for picturizing your diagnosis.

In placing a value on your time and service to your patients, let your Ritter dealer explain the merits of this shockproof, air-cooled X-Ray unit. Write for details.

Ritter

Dental Manufacturing Co., Inc.
Ritter Park Rochester, N. Y.

The Publisher's **CORNER**



BY MASS

NUMBER 225

MONT月 BEFORE LAST these pages told how to keep out of the loony bin by mentally picturing your own tombstone carrying an inscription telling about the specific silly worry that killed you. My own stone would tell of worry about dental almanacs. "Everyone—I decided—who happened by and read the inscription would laugh like hell. And, after all, you can't have people laughing at your tombstone."

The tombstone CORNER brought quite a few letters from some of which I gather that folks think I don't worry any more. That isn't true. I wish it were. The truth is I worry every now and then, but no where near so efficiently as I did before I started fumigating my mind with the vision of my own stone.

For example, I have been worrying not much, but a little about what to write this month. I always do. When you sign up to do a piece of writing every 30 days, as the deadline approaches your emotions are a little bit like those you would experience if in a weak moment you had contracted to go over Niagara Falls in a barrel, and realized that the barrel was all ready to step into.

At that, it isn't difficult to imagine going over Niagara in a barrel because one day a few years ago Sam Stanley and I went over the Falls in Reg Williams' airplane—upside-down. Reg wanted us to see the very top of the Falls, and we did see it; and that is a spot I hope never to look at again if I live to be a million.

(Continued on page 260)



"I wish I'd had it 30 years ago."

What one dentist wrote after reading

"THE DENTIST FACES HIS FUTURE"

Read what Dr. Clapp says about

- Turning People Into Patients
- The Secret of Success on Little
- Binding Patients to You
- Some Practice-Building Hints
- Profit From Practice

First edition—7500 . . . Sold out . . . Second edition now ready . . . Three new sections added to Chapter XV . . . Follow the path to success outlined in

\$1.00

in U. S. A.
From your dealer

"THE DENTIST FACES HIS FUTURE"

**THE DENTISTS' SUPPLY COMPANY
OF NEW YORK**

One of the letters about the tombstone CORNER is from my friend Kurt Sittig, who survived a Nazi concentration camp; so he really did have something to worry about which makes the troubles of a dental practice or a dental magazine seem mighty puny. In those days in Germany, Kurt said, you had to take control of your own mind or die. Kurt won control and is the stronger for it.

Doctor Alexander Grower, of Middletown, Connecticut, says he figures it's a good idea to erect a mental tombstone of the sort described, and suggests the subject-matter for his own current epitaph.

Doctor Iden Hill of Chicago was inspired to put up a stone, too.

Jay Link, of Fort Wayne, wrote that the tombstone idea overjoyed him, and that he'd read it half a dozen times.

Howell Evans and John Christensen of Two Rivers, Wisconsin, figure that this tombstone philosophy would "keep a lot of people out of the insane asylum."

Harry Prager of Philadelphia wrote that "it strikes a responsive chord in me as it fits exactly into my scheme of life and I have been preaching this very theory . . . I believe you should continue with a series on this subject, and the health value of relaxation . . ."

And maybe I shall.

But not this month. The CORNER's second page is, I find by word-counting, almost full. And this proves that the mild worrying I've been doing for the last few days—whenever I happened to remember to think about this month's department—was worry wasted. Time to fumigate again, I guess—time to be thinking about the tombstone:

MERWIN B. MASSOL
HE DIED BECAUSE
OF WORRY ABOUT
DENTAL ALMANACS
R. I. P.

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Organizer and first president of the American Society of Dental Surgeons, the first national dental association; co-founder and first president of the Baltimore College of Dental Surgery, the first dental school; aided in establishment of *American Journal of Dental Science*, the first dental journal.



Horace H. Hayden

1769 - 1844

Today, Dentistry works miracles of which the earlier practitioners never dreamed—Miracles often made possible by modern aseptic techniques and the use of efficient disinfecting agents. • For instrument disinfection, Metaphen Disinfecting Solution enjoys wide use and preference. It is a stable, nonvolatile, aqueous solution of Metaphen 1:2500 which may be relied upon, in the absence of much blood and exudate, to kill common vegetative pathogenic bacteria in less than ten minutes. (See liter-

ature or bottle label for limitations.)

• Metaphen Disinfecting Solution is suitable for the cold disinfection of instruments made of steel, nickel and monel metal and of chromium-plated and nickel-plated instruments. It is *not* recommended for aluminum instruments. • Metaphen Disinfecting Solution is available in 1-quart and 1-gallon bottles through good prescription pharmacies everywhere.

Serving Dentistry

ABBOTT LABORATORIES
NORTH CHICAGO, ILLINOIS

FOR FRAMING PORTRAIT OF HORACE HAYDEN AND LITERATURE ON METAPHEN DISINFECTING SOLUTION—Write your name and address on the margin of this page, tear off and mail to Abbott Laboratories. The portrait is on heavy art mat paper, 15 x 17 inches in size, with wide margins, and is especially suitable for framing and hanging in dentists' offices. (A portrait of Chapin Harris will be made available next month.)

What an awful



waste of time...

...making sponges by hand
when the J&J machine-made
product is so inexpensive
and better, too!

- Making your own sponges from bulk gauze takes time that might be more profitably spent, especially since J & J Exodontia Sponges are so inexpensive. Machine-made, of filmated gauze, and sterilized after packaging. Packed in convenient paper bags, as shown.

BUY THE ECONOMY PACKAGE

Order a box of 1,000, 2" x 2" J & J Exodontia Sponges. Price \$3.00. Three for a cent, ready to use!

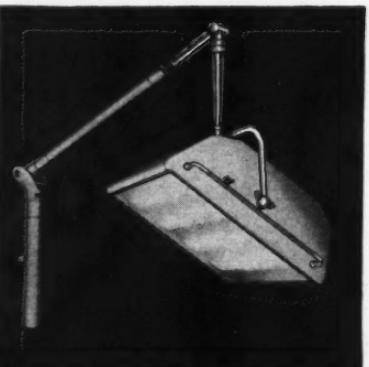
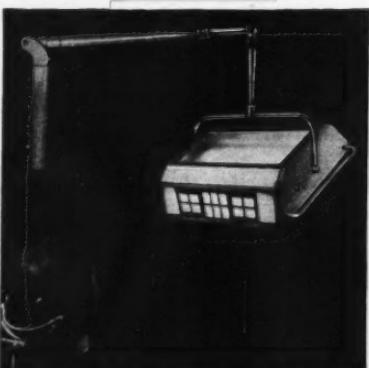
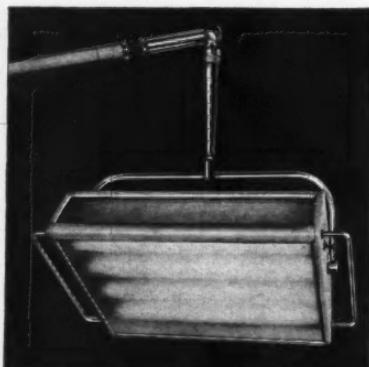
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Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.
DENTAL DIVISION

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New FLUORESCENT DENTAL LIGHT by PELTON

marks Spectacular Advance in Creating "DAYLIGHT" in DENTAL OPERATOR



**New type tube develops 25%
more light than cluster lamps;
at 1/5th cost for current**

**Present Pelton Cluster
Lights can be Converted
to New Fluorescent Unit
in 10 minutes at Low Cost**

A new light will modernize your office more completely and at lower cost than any other improvement you could make—modernize it in the eyes of the patient who looks at it all the time and modernize it to your eyes, which depend upon good light to protect them against undue strain and fatigue.

The new Pelton Fluorescent Dental Light is the latest development in the newest type of modern lighting. Equipped with the new larger tubes of only 15 watts each it provides 25% more light than cluster lights at 1/5th the cost for current consumption. It radiates clear, cold, diffused daylight quality light in all directions, all four tubes directing light downward into the working zone. The light is neither glaring, non-flickering and is filtered through anti-stroboscopic Diffusing Glass.

The complete story of this spectacular improvement in dental lighting is told in a new folder just off the press. Ask your dealer for a copy or write . . .

**PELTON & CRANE CO.
DETROIT MICHIGAN**

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KONFORMAX WORKS



NO MIXING
NO BOILING
NO WAITING

DENTURES SUCH AS THE ABOVE . . .

If you have patients who are dissatisfied with their dentures, use Konformax and give such patients the comfort they desire.

Konformax is always ready . . . It produces perfect suction and cushion . . . Lasts from six weeks to six months . . . Is non-irritating and may be used on any standard denture material (either full or partial) . . . Is not affected by saliva . . . and is inexpensive because ten or more rebasings can be obtained from a \$4 package of six tubes.



ORDER FROM YOUR DENTAL DEALER

KONFORMAX

THE PERFECT REBASE

KONFORMAX LABORATORIES INC., 1720 AVENUE Y, BROOKLYN, N. Y., CABLE ADDRESS: KONFORMAX, NEW YORK

S. S. WHITE ZINC CEMENT IMPROVED

The latest step forward in zinc phosphate cements



Compressive strength—17,000 lbs. per sq. in.,
7 days
Greater holding power
Film thickness—20 microns
Ample working time—Sets in 7 minutes
Only 4 colors, yet ample for all color matching
requirements
Blending practically eliminated
Smooth mixing
Cool setting

*Complies with A.D.A. Specification No. 8
(latest revision)*

4/2 NEW USER PACKAGE

ZINC CEMENT IMPROVED

Order a 4/2 NEW USER PACKAGE of Zinc Cement Improved from your supply dealer or salesman. Open the package. Use the powder and liquid in the bottles marked "Free Trial." If these meet with your approval, it is understood that you will accept a charge

for \$5.00. If this trial does not prove that S. S. White Zinc Cement Improved is superior to any zinc oxyphosphate cement you have used heretofore, return the remaining bottles of powder and liquid intact and receive full credit.

\$5.00

PRICE

KRYPTEX

*An outstanding translucent cement.
Any restoration cemented with
KRYPTEX stays "put."*

Indicated for all cementing operations, especially jacket crowns and ceramic restorations where color and translucence are important; for fillings in simple cavities where marginal support and protection are provided; for silicate windows in open-faced crowns, and temporary jacket crowns.

Made in six colors.

For Sale at All Dental Dealers

GERMICIDAL KRYPTEX

Supplied in one color—No. 3 Light Yellow

This is Kryptex with 0.2% mercur ammonium chloride added. It discolors slightly.

Germicidal Kryptex is ideal for cementing orthodontic bands, for filling deciduous teeth, pits and fissures in six-year molars, and for cementing operations where a potent germicidal cement is desired.

**THE S. S. WHITE DENTAL MFG. CO.
PHILADELPHIA, PA.**

Forty years ago we said, as we say today

TRUE DENTALLOY

"is made of pure metals, carefully manipulated at every step . . . combines readily with mercury . . . makes an amalgam that is exceptionally strong and white . . . manner of manufacture assures uniformity which tests of every lot prove."

Thousands of dentists throughout the world know that these, as well as many subsequent claims of superiority that we have made are true, and that True Dentalloy is a name synonymous with good amalgam work.

True Dentalloy Today

Silver content 70%

Compressive strength 50,000 lbs. per sq. in. (hand packed specimen 24 hours after amalgamation)

It carves with a wax-like smoothness for 15 minutes after amalgamation

Amalgamates with perfect smoothness in one minute or less

It has a low flow (2.5%)

Average expansion, 6 microns

Takes and retains a brilliant polish

Complies with A.D.A. Specification No. 1

The "NEW USER" PACKAGE offers an opportunity to test this wonderful alloy without cost or obligation.



2 5-oz. bottles True Dentalloy
1 Trial Bottle True Dentalloy

PRICE \$17.00

Cut "A" for alloy-mercury proportioners will be supplied unless Filings are requested.

Just phone or write your dealer, or tell your salesman when he calls to send you one of these Packages. Use the alloy in the trial bottle. If it meets with your approval, accept the charge for the two 5-oz. bottles; otherwise return the Package with the two 5-oz. bottles intact and receive full credit.

For sale at dental dealers

THE S. S. WHITE DENTAL MFG. CO., PHILADELPHIA, PA.



FETOR EX ORE and YOUR PATIENTS

Science now has a method for measuring the intensity of bad breath. Studies have shown that more people have fetor ex ore than was generally believed. The dentist who desires to rid his patients of offensive breath odors should consider constipation as a cause. He can depend upon . . .

SAL HEPATICA for Thorough Laxation

SAL HEPATICA is gentle, acting through retention of liquid bulk in the intestines. It serves to counteract excessive gastric acidity and to stimulate bile flow. Try pleasantly effervescent **SAL HEPATICA** whenever you need a good aperient . . . May we send samples?



SAL HEPATICA Flushes the Intestinal Tract and Aids Nature Towards Re-establishing a Normal Alkaline Reserve.

SAL HEPATICA action resembles that of certain famous natural mineral spring waters known for their aperient properties.

BRISTOL-MYERS COMPANY

19-L West 50th Street

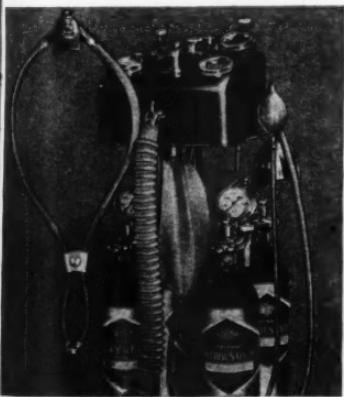
New York, N. Y.

**"WHO says
dentists hurt?
OURS doesn't!"**



CHILDREN WILL TALK . . . and the good news that a dentist doesn't hurt, travels fast . . . not only to other children, but to grown-ups, too. Yes, the good news of the installation of equipment for the alleviation of pain and discomfort does travel fast.

SUCCESSFUL, MODERN DENTISTS have increased prestige and income by changing sensitive patients who hate to come to them into sensible patients who like to come to them.



HEIDBRINK and OHIO EQUIPMENT
for the administration of analgesia and anesthesia are daily proving their ability as practice builders.

Mail the coupon for complete information.

THE OHIO CHEMICAL & MFG. CO.

Pioneers and Specialists in Anesthetics
1177 Marquette Street Cleveland, Ohio
BRANCHES IN ALL PRINCIPAL CITIES

THE OHIO CHEMICAL & MFG. CO.
CLEVELAND, OHIO

- Please send complete details on analgesia and anesthesia equipment, together with earning's chart on dental gas machines.
- I'd like a demonstration in my office, without cost or obligation.

NAME _____

ADDRESS _____

CITY _____

STATE _____

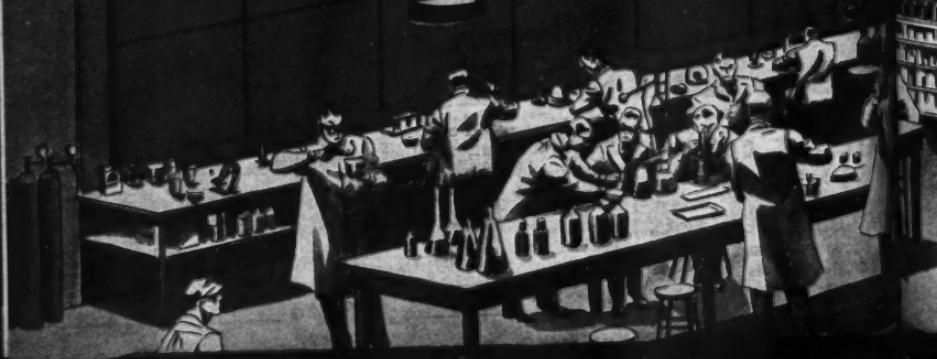
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FOR COMPLETE DETAILS

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OF COURSE

Only in nature no



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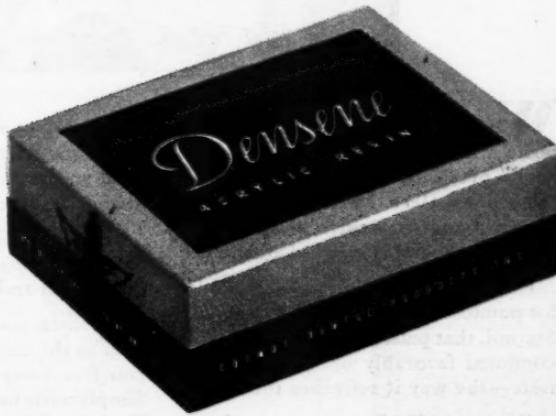
Densene

"Only in nature . . . and Densene." It is with pride doctor, that we repeat in print this statement first spoken in our own laboratories.

The keen knowledge and ability which directed the master touch in this denture material . . . bringing out the subtle life-like color that dental perfectionists agree is present in Densene . . . as in nature, is merely a single phase of the achievements of Densene chemists.

Perhaps science is generous to us and to you because these men seek and maintain one thing—*excellence!* Certainly, this is justified by professional acknowledgment that the acrylic resin Densene is also outstanding in strength, tissue tolerance, stability and density.

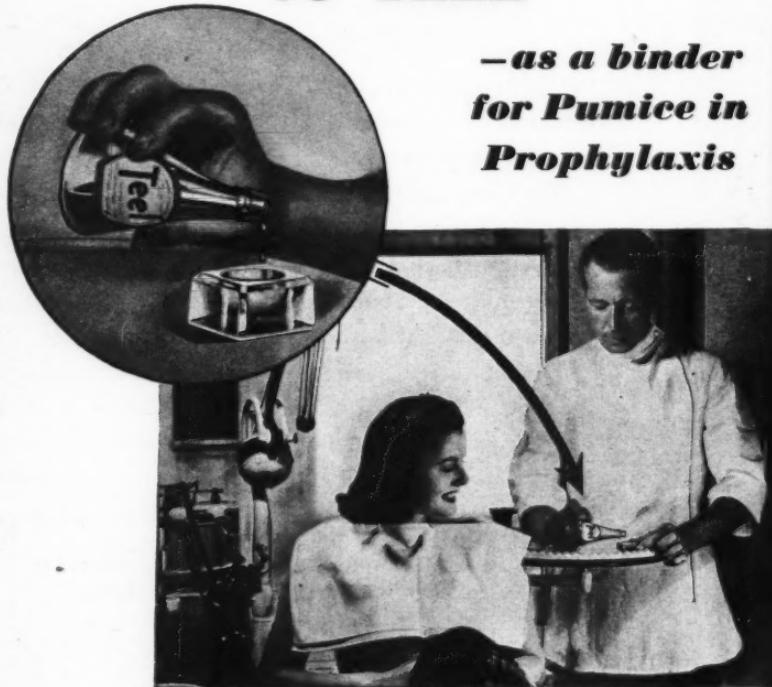
*Densene is available in natural gum color
and clear transparent for palates.*



Cosmos Dental Products, Inc. • 49 W. 45th St. • N. Y. C.

2 Reasons Why DENTISTS ARE TURNING *to TEEL*

*-as a binder
for Pumice in
Prophylaxis*



WHEN busy dentists take time out to write a manufacturer about a new use for his product—we believe you'll agree that's news. Here is what many dentists have voluntarily written about Teel—Procter & Gamble's liquid dentifrice:

First, that Teel makes an ideal binder for pumice for prophylaxis at the chair. Second, that patients almost invariably comment favorably upon its pleasant taste—the way it refreshes the mouth.

Of course, Teel acts as more than a

binder for pumice. It contains an efficient, soapless detergent (highly refined sodium alkyl sulphate) which is neither acid nor alkaline in action.

Teel also has extremely low surface tension for unsurpassed penetration in interdental and gingival crevices.

We invite you to try this new use for Teel at the chair. We will gladly mail you free samples upon your request. Simply write to Teel, Box 687, Dept. 15, Drug Products Division, Cincinnati, O.

VOL. 30, NO. 3

MARCH
1940

Oral Hygiene

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for High Lights

THE DENTISTS' SUPPLY

DACI ROT OMIRITREVDA SWANHOS
—P23TDP DCEMUTAOS

Natural Beauty
at Your Command
with

Trubyte
NEW HUE
Anteriors

The enamel of the proximal surfaces of Trubyte New Hue Teeth has the same appearance as the enamel of these surfaces on natural teeth.

These teeth can be rotated to permit any desired irregularity of arrangement.

COMPANY OF NEW YORK

FORHAN'S ADVERTISING FOR 1940 CONTINUES TO STRESS—

**SEE YOUR DENTIST
EVERY 3 MONTHS!**

Every 3 months isn't too often to see your dentist. In this way he can catch small cavities

and painlessly fill them —he can closely inspect your gums for any sign of gum disorders—

CLINICAL INVESTIGATION SHOWS HOW

**95% CASES OF GINGIVITIS
SHOWED IMPROVEMENT IN ONE MONTH**

In a clinical investigation conducted under the supervision of 3 practicing Dentists — 1048 individual patients were examined. It was disclosed that 795 patients had Gingivitis. 91 had Pyorrhea. And 162 had normal gum conditions. Patients were given dental prophylaxis and were instructed to massage their gums for a one-month test period with Forhan's Toothpaste and Forhan's Gum Massager.

The gums were then re-examined with the following results:

95% cases of Gingivitis showed improvement.

99% cases of Pyorrhea showed improvement.

100% having normal gum conditions maintained gums in healthy condition.

These results more than justify Forhan's professional recommendation for the past 20 years.

Clinical samples sent upon request to Forhan's, New Brunswick, N. J.

FREE To your patients: a 50¢ Forhan Gum Massager will be sent any patient free if they send us a carton of large size Forhan's Toothpaste



Cincinnati Is Proud of
GUSTAV ECKSTEIN

by CARLOS H. SCHOTT, D.D.S.

THIRTY YEARS AGO Gustav Eckstein started out to practice dentistry in Cincinnati. Since then he has expanded this one career into many. If you begin to talk about Doctor Eckstein as a dentist, you suddenly encounter him in the dual rôle of physician and educator. Besides his present work as associate professor of physiology at the University of Cincinnati, he has rounded out his days by making himself a novelist, a biographer, a playwright, a musician, and an artist as well.

Aside from three trips to Japan and vacations, Doctor Eckstein has pursued his multiple careers in Cincinnati, where he was born nearly fifty years ago. Perhaps

this has not been a wholly unfortunate circumstance. For a hundred years Cincinnati has been known as a great musical center; and the Cincinnati Literary Club, active since 1849, is the oldest of its kind in the United States. Apparently Doctor Eckstein has not felt out of place or hampered in recent years by his local surroundings.

Of his early days, he says:

"I was a sensitive boy, half German, slight of body, and come of a family with a gift for keeping poor, and with two dominant parents. It follows that I went a most roundabout way to get to what I liked to do in life."

The son of a dentist, Doctor Eckstein graduated from the Cin-

cinnati College of Dental Surgery in 1911. At twenty-one he was practicing dentistry and teaching chemistry in the Cincinnati dental college. For thirteen years he continued his dental practice, mostly in odd hours, late in the evening and after midnight, in line with an early Eckstein decision to make no harsh distinction between day and night. His proficiency in dentistry was soon recognized, and he became the first dentist to be employed by the City of Cincinnati.

Sometime after his marriage in 1919 to Francesca Bendica of Minneapolis, Doctor Eckstein began to study medicine. Besides becoming an instructor in physiology at the College of Medicine, University of Cincinnati, he received his medical degree from that institution in 1924 with the highest average ever attained by any student.

Other indications of his unusual mind began to show up, as Doctor Eckstein's literary career developed along with his studies in anatomy and physiology. For years he has written understandingly of the pets who, from time to time, have shared his Cincinnati laboratory—the canaries, the white mice, the turtles, a cockroach, a parrot, and a reddish-brown pigeon.

A Canary World

To his canaries he has always given particular care and devotion. He observes them with a friendly, scientific eye as individuals in a community of their

own. He remembers distinctly that he bought his first canary three days before Christmas in the year 1925. He knows exactly the moment at which he first succumbed to "the fascination of the canary mind." Today, flocks of canaries surround him in his laboratory, and to a large bird-feeding platform he has attached a dead-limbed tree for the comfort of the birds.

Doctor Eckstein's most recent book *CANARY*, the history of a family, immortalizes the home life and adventures of his canaries. In this book he speaks feelingly of what they have meant to him:

"Before the canaries came, the laboratory where I work was the usual ferro-concrete cell, with the addition of a radio and a Steinway Grand; a chemical bench through the middle, scientific equipment, four 100-watt lights. A hygienic place. And out of it the canaries created something quite original—the world in which they were to live."

In a new and interesting venture with his canaries, Doctor Eckstein is now teaching them to sing by playing classical music. It came about when he discovered that one canary learned clicking notes from the typewriter. He then began to play Bach and Beethoven for them and found that the better singers learned the melodies readily. It is even reported that the famous conductor, Arturo Toscanini, was flattered to learn in Italy that Doctor Eckstein's canaries were

longing to hear his Ninth Symphony. Now that he is back in this country the canaries are listening regularly to his radio concerts.

Besides his pets, Japan has been a source of excellent literary material for Doctor Eckstein. He is most widely known for his fine biography of Hideyo Noguchi, one of the remarkable biologists of all time, who died in Africa in a heroic attempt to solve the mystery of yellow fever. To obtain intimate facts about the early life of Noguchi among the rice fields of Japan, Doctor Eckstein studied Japanese and made several trips to Japan where he interviewed relatives and friends of the scientist. The result is a biography that has established Doctor Eckstein's reputation both in literary and medical circles.

Another Japanese subject, which he chose for a book, was Hokusai, a great artist and realist. From a study of thousands of Hokusai's drawings, Doctor Eckstein has dramatized the life of this artist in what, according to the author, is a play or a chronicle.

In his novel, *KETTLE*, Doctor Eckstein comes back to America. He tells the story of the life of a musician in America. At the climax of his difficult career, the musician rebels and leaves the reader to answer the question, "What is the place of the artist in the boiling kettle of modern life?" A year earlier, in 1932, Doctor Eckstein published a collection of intimate biographic



Gustav Eckstein

sketches of his laboratory pets under the title *LIVES* and illustrated the book with Hokusai drawings.

For years Doctor Eckstein has been a frequent contributor to *Harper's Magazine*, the *Atlantic Monthly*, the *London Mercury*, and other publications. Since 1935, he has been associate professor of physiology in the College of Medicine, University of Cincinnati. He is reputed to save time by eating only one meal a day and, despite his tremendous and exhausting activities, in appearance he passes for a sophomore. At present, Doctor Eckstein is at work on a biography of the Russian physiologist Pavlov.

Asked by his publishers, Harper and Brothers, for a biographic sketch Doctor Eckstein once submitted this trenchant report:

"I am an authority on the cockroach. I know considerable about the Japanese. I play Beethoven constantly and abominably. I am a doctor. You can find me in my laboratory from ten any morning until two the next, and every Sunday, and every holiday, and not especially because I am working—in fact, I

hardly know why. I have extracted teeth. Across the street is the hospital and I have seen people die. I have delivered a baby. Once I gave a serious lecture to a hall full of lunatics. I know professors."

1004 Neave Building
Cincinnati, Ohio

SPECIAL RADIO ANNOUNCEMENT

"AMERICANS AT WORK—*The Dentist*"

Columbia Broadcasting System

ON TUESDAY EVENING, March twelfth, the Columbia Broadcasting System will present a coast to coast thirty minute program entitled "Americans at Work—The Dentist." This is one of Columbia's featured "Americans at Work" broadcasts and is their contribution to dentistry's centennial anniversary. Ask every dentist and friend to listen in to Columbia's outlet in your community.

Remember the hour and date: Tuesday evening, March twelfth, 7:15 Pacific Coast Time, 8:15 Mountain Time, 9:15 Central Standard Time, and 10:15 Eastern Standard Time.

SO YOUR PRACTICE IS SLIPPING

by L. W. DUNHAM, D.D.S.

ONE OF THE MOST disturbing discoveries that a dentist can make is to find, after fifteen or twenty years of fairly successful practice, that there are more idle hours in his average day and less income for the year.

At first he may think that "times are hard" and business generally is "bad," that his practice simply reflects the prevailing economic condition of the nation or of his particular section of the country. However, when business picks up and he learns that some of his colleagues are quite busy while his practice has not reacted proportionately to the general upswing, he begins to wonder and then—to worry.

If he has kept up with the progress of his profession, he should be at the peak of his ability to render service to his patients. His judgment, tempered by added knowledge and experience, and his skill, developed by almost daily use, should make him of far more value to the public than he was during the earlier years when he was attracting patients.

Why should his practice dwindle just at a time when he needs it most and can give the most to it?

If practices *always* "slipped"

after fifteen or twenty years, we could simply put it down to the public's preference for young dentists. Or, if practices *always* went to pieces during depressions, it could be charged to economic reasons. But neither of these "causes" affects *all* practices, so there must be other causes for "middle-aged-practice" failure and, likewise, there must be ways and means of maintaining a "middle-aged" practice at a satisfactory level for many more years and *despite depressions!*

If there was some magic formula that would solve the problem by disclosing all the causes of failure and all the methods of insuring success, its discoverer might easily retire with a well-earned fortune and the gratitude of those he had helped, but it is not quite so simple.

There are, however, a number of things that can be done to influence favorably almost any practice — and things to be avoided in order to retard failure.

Virtually every one of these "middle-aged" practices (we are not referring to middle-aged dentists now) was started by a young dentist, recently graduated from dental college, without a bit of experience in practice-building

or practice conduct, and with mighty little practical clinical experience. Yet these practices grew, reached maturity, and started downhill under the management of the same men who started them as "greenhorns"—the same men; that is, plus years of experience that should have made them better dentists and better "practice-builders"! Think that over

What Is a "Practice"?

A practice is a living thing. It is "born," it grows, and it reaches maturity. Like every living thing, it starts to die early in its life. Like other living things, it must be fed and nourished to prevent dissolution. Like other living things, it will live and maintain its health as long as it is fed and cared for. Like most highly "domesticated" animals and "hot-house" plants, it depends on someone to provide nourishment and care.

When a pet canary starves to death or is caught by the cat, it is pretty definite proof of neglect or carelessness. *And the same thing holds true with a dental practice!*

The same methods that brought the practice to its peak will go far to keep it there but, alas, how seldom do we find that continuing enthusiasm and incentive after the dentist has reached a fair degree of success! He is prone to let down a little—to take his practice for granted—to feel that if he was good enough to attract and hold the patients that come

to him, they will continue to come and send others indefinitely. Unfortunately, that is not true in many practices. It may go on for a while, but practices do not run on momentum—"perpetual motion" is still only a dream.

We hear much of "personality" as vital to success in dentistry and in most of the other activities in life, and that is true, but we are not considering "failures" here. We are discussing practices that were once successful to a degree, but which have slipped downhill until they have become problems and causes for worry.

It is not my intention to enumerate all of the factors that may enter into the degeneration of a practice. Some of them are too obvious in too many cases.

It is rather for the reader to look back to his own start in practice and to try to recall everything he did in those early days that contributed to the establishment and the development of his practice.

Many "experts" have offered suggestions for the *re-building* of practices, but no one, so far as I know, has pointed out the rather obvious fact that these practices were established and developed by young men who were inexperienced and not at all "expert"! This, I feel, is extremely important.

Most practices started with only a few patients—yet the practices grew. Today most of these practices have several hundred "on the book." And yet they are "slipping."

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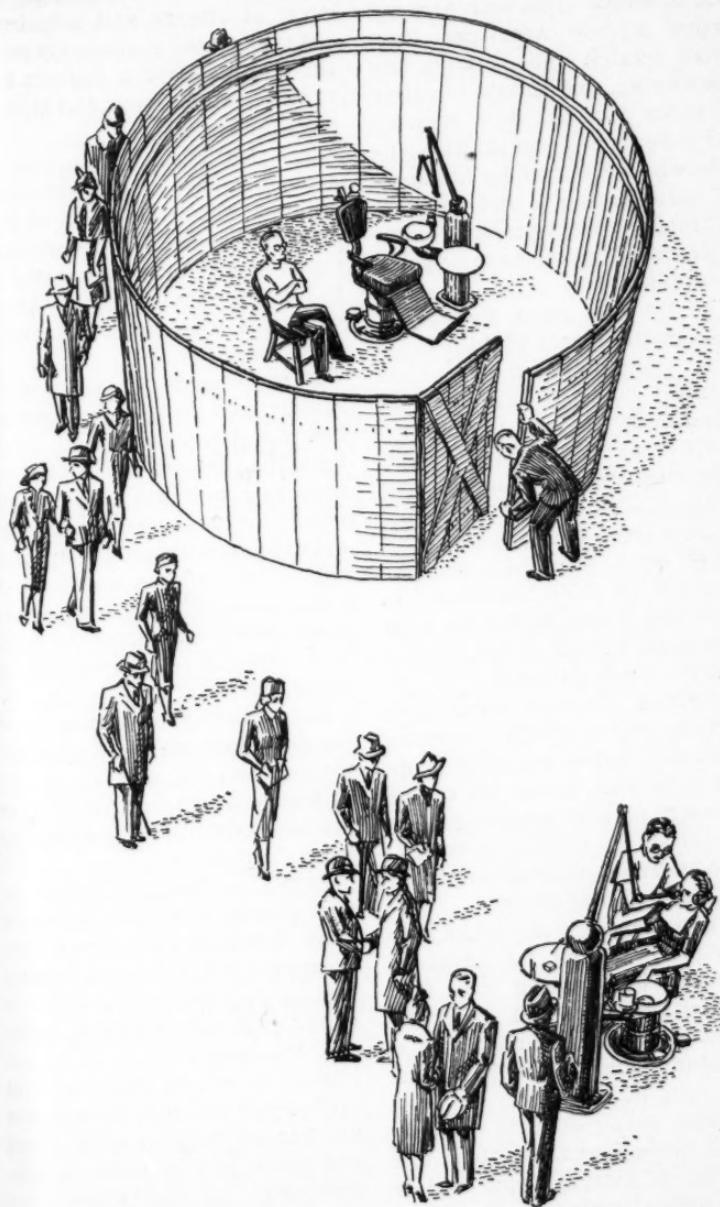
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Surely, if a young fellow just out of school—just such a young fellow as you were—can start from scratch and, without any experience, can build a lucrative practice, it would seem easy for an experienced and skillful dentist, who has worked for hundreds of patients over a period of ten, fifteen, or twenty years, to *revive* a practice that seems to be going downhill.

In the first place, there must be something that you did to attract patients that you have stopped doing. What was that something?

We hear a good deal about "showmanship" nowadays, but the average dentist would indignantly deny being a "showman" (and many would be right). Yet, like it or not, he was a "showman" to a certain degree *during the most successful periods of his practice—when it was growing!*

Perhaps the most elementary form of showmanship is *showing one's self*. Unless you allow yourself to be seen, unless you expose yourself to new associations as well as old ones, you must be content to live (and practice) in an ever-contracting circle.

"If a man does not make new acquaintances as he advances through life, he will soon find himself left alone. A man, sir, should keep his friendship in a constant repair," says Boswell in his "Life of Johnson."

Some young dentists start in their home towns. For them the matter of getting acquainted is not such a problem, as they have

their own friends and the family's circle of friends and acquaintances on which to draw. By some this is considered a distinct advantage, while others feel that it has drawbacks.

The dentist who is starting in a strange place must make some effort to acquire a circle of acquaintances who may become patients or who may refer patients to him. He must let people know who he is, *what he is, and where he has his office.*

If you ever had to make such a start, you probably remember how you did it. If you will check back and compare your activities, then, with your present activities, you will probably be surprised at the difference not only in *number* but in *kind*. Unless we miss our guess, there will be many seemingly small, unimportant acts that were dropped somewhere along the years.

Remember, you cannot meet people unless you go where people can meet you, and that is just as true and just as vital in your practice today as it was when you were starting!

People are likely to frown on men who go to church or join a lodge "for business reasons" but, regardless of the original motive, if a man will really enter into the activities of the church or lodge and will support it by using his talents, he will be welcomed and his interest will soon be real and not feigned. In most small towns and cities, and in most "neighborhoods" in big cities, the church, lodge, or "society" is the

social center around which most of the worth-while life revolves.

What would you do today if you moved to a strange town? You would, in all probability, do just about what you did some years ago, when you started your present practice.

In the old days, when the church gave a "social," or the Young People's Society put on a play, or gave a bridge to raise money to repair the church, or the lodge held an "open night" (with refreshments), you were there. And you met a lot of nice friendly people. Your being there gave many a chance to see you. Perhaps someone, seeing you across the room, turned to a friend and asked, "Who is that young man talking to Joe Blake?"

"Why, that's Doctor White, the dentist, who moved over the First National last month."

"Do you know anything about him?"

"Well, I heard he did some work for George Bailey's wife, and they say he's very good. He's a neat-looking fellow."

Now, wouldn't you like to have had that conversation take place about you? It couldn't have happened if you had not been *there!* They wouldn't have described you as "neat" unless you had *looked it*.

Simple? Yes, very simple. But that's one of the simple *facts* about keeping a practice alive.

In the old days you went down to the drug store and bought two ounces of iodine or something else. People *saw* you going, *saw* you there, and *saw* you return.

People who knew you, even if they did not speak, were conscious of having *seen you*. Their minds recorded, "There's Doctor White." Today you probably send your assistant—and miss *showing yourself*. You miss *registering* yourself on someone's mind. Who knows? Just *seeing* you might have reminded someone that he ought to "see" you *about his teeth!*

You cannot "advertise" and hold your place in the profession, but every time you are *seen* and every place you are seen are "advertisements" for you, favorable or otherwise. When you are neat, well-dressed and going about your business (or pleasure) in the right places, the impression made is favorable. Need we say that when you are not neat or are seen in the wrong places, the impression is "not so good?" *Everyone* knows that. Yes, but everyone doesn't practice it—or forgets.

Instead of going to the Women's Club bridge, where you will meet dozens of the "right" people, you probably play with one or two couples, old friends, two or three times a month. *Of course* you prefer a quiet evening with old friends. Who doesn't? No doubt you "don't like crowds" any more, but the various social groups afford the average professional man the best and sometimes the *only* means of *meeting new people*. You needed such associations when you were young and getting started. Now you need them *desperately* if you want that practice to be healthy!

We all remember that trite saying about the man who stopped running for the car after he had caught it. He'd seem rather silly if he didn't, but a dental practice isn't a street-car, and you can't sit back comfortably and "ride" to your destination—not if you're "going places" and expect to *keep going*.

It is perfectly obvious that there are exceptional personalities in dentistry and exceptional practices. Not all men have followed the elementary methods suggested by the foregoing, but I am convinced that these simple examples are applicable and true for the majority of dentists and their practices.

We all know dentists who have *seemed* to violate all the conventional maxims for practice-building and yet have achieved a fair measure of success. The main point to remember, however, is that you started without "experience" and developed a practice that continued for some time to yield a reasonable living. The most obvious way to revive that practice to something approaching its former value is to *revive the methods that created it*.

Your Personality Today

Perhaps the most important single factor in success for a dentist is his "personality." Many people seem to think that personality is something that you always have, and that never changes. Nothing could be further from the truth! You "always have

it"—as long as you are a person—but it is changing all the time. You are not the same person you were ten years ago. The dictionary says of personality: "Quality or state of being personal or of being a person." "The totality of an individual's characteristics. An integrated group of emotional trends, behavior, and tendencies."

One's personality may be improved or it may deteriorate, and sometimes ten or fifteen years of living will so change a personality that what was possible once is no longer possible for that person, unless he takes steps to eradicate habits and emotional trends which have caused him to change for the worse. Someone has said that the best way to break a bad habit is to acquire a good one. That is especially true of habits of thought. Getting back the personality that used to attract people to you may be the hardest job you ever undertook, but it can be done. "Just like his old self" is frequently said of friends who have won the fight. You can have them say the same about you *if it means enough to you*.

Nobody *has* to be a grouch!

Carelessness and neglect will ruin a personality and will ruin a practice also. Letting one's self run down at the heel physically, mentally, emotionally—yes, spiritually, if you please—changes one's personality. Your personal attitude toward patients and toward dentistry may change and will inevitably have its effect on your practice. If your attitude is

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changing for the better, your practice will show it.

When a practice is "slipping," it's a pretty good sign that something vital to the growth and stability of the practice has been allowed to slip first. It is the old law of cause and effect. Taking personal stock and looking back at *the man who built the prac-*

tice will usually put "sand" where it is needed to stop the slip and to start back up the grade. You did it once, and you can do it again. In fact, you're just about the only one who *can do it for your practice!*

220 West Forty-Second Street
New York, New York

DENTAL MEETING DATES

Sigma Epsilon Delta annual convention, Baltimore, Maryland, March 15-17.

Dental Centenary Celebration, celebrating 100 years of progress in dentistry, Baltimore, Maryland, March 18-20.

American Society for the Advancement of General Anesthesia in Dentistry, regular meeting, at the Midston House, 38th Street and Madison Avenue, New York City, March 25.

Old Dominion Dental Society, annual spring session, Hampton, Virginia, March 25-26.

The St. Louis University Dental Alumni Association, annual reunion, Dental School Building, St. Louis, March 27-28.

Cleveland Dental Society, annual Spring meeting, Statler Hotel, Cleveland, Ohio, April 8-9.

Mississippi Dental Association, annual convention, Robert E. Lee Hotel, Jackson, April 15-17.

Louisiana State Dental Society, sixtieth annual meeting, Monroe, Louisiana, April 18-20.

Missouri-Kansas Dental Meeting, annual meeting, New Municipal Auditorium, Kansas City, Missouri, April 28-May 1.

New Jersey State Dental Society, annual meeting, Berkeley-Carteret Hotel, Asbury Park, May 8-10.

Tennessee State Dental Association, seventy-third annual meeting, Hotel Peabody, Memphis, May 13-16.

The Dental Society of the State of New York, seventy-second annual meeting, Hotel Statler, Buffalo, May 14-17.

Five State Post Graduate Clinic, eighth annual meeting, Willard Hotel, Washington, D. C., May 19-23.

Pennsylvania State Dental Society, seventy-second annual meeting, aboard ship on the S.S. *South American* of the Georgian Bay Line, sailing from Erie, June 13-16.

Dentists Need OLD AGE SECURITY

by HARRIET WILLIAMS

WITH THE SPECIALIZATION of institutions giving relief to the poor that began early in the century, the almshouse and the county farm became the dominating method for housing the homeless aged, and remained so until recently. While in 1880, persons over 60 constituted only 33 per cent of the total inmates of the almshouses in the United States; by 1923 the aged constituted 66 per cent of the inmates of the almshouses. It is this association with the poorhouse that has attached a stigma to the term old people's home, that has made every young person feel that he should do all in his power to prevent any necessity for his parents residing in such an institution.

But in the last ten or twenty years an interesting change of attitude has occurred toward homes for elderly people. These homes, it is now believed, should be as suitable for the needs of elderly people as our modern colleges are suitable for the needs of youth. As dentists have specialized needs in their retirement because of their specialized interest and skill in their financially productive years, their problem requires careful analysis.

The following study has been made with the dentist's point of view in mind, but it is to be clearly understood that the opinions and facts here expressed are given with only one purpose, that of presenting those facts with a purely objective aim; their real significance should come from the interpretation of dentists who read this article.

In 1929 when the last national statistics on the subject were compiled,¹ there were 1270 privately endowed or philanthropic homes for elderly persons in the United States. The largest number, 526, were supported by churches or religious groups, while the second largest number, 486, were private benevolent homes, and 112 were homes established by fraternal organizations. The average cost per capita, per year, was estimated at \$437.57.² Nine-tenths per cent of the dependent aged in the United States are accommodated by these homes.

The advantages of a retirement home should be these: the opportunity to lead an independ-

¹Encyclopedia of the Social Sciences, 11:458, New York, The MacMillan Company, 1933.

²Care of the Aged: Proceedings of the Deutsch Foundation Conference, University of Chicago Press, 1931.



An urban type of retirement home is illustrated in this front view of Tompkins Square House, an apartment house in New York that accommodates elderly persons of limited incomes.

ent life, although the elderly person is not segregated and alone; the opportunity for retaining intellectual stimuli; the cooperation of a group with similar tastes and years, allowing the development of a possible pro-

gram whereby elderly people may be of service to young persons; and the furnishing of proper physical care.

The disadvantages of old people's homes are probably these: the financial upkeep of a home,

and the dissatisfaction of many of the inmates of the homes.

Before we consider these advantages and disadvantages, let us further examine the need for suitable care of the aged that has already been expressed in the United States. In 1932 a request was made by a retired college woman to the Social Service Commission of the Federal Council of Churches for information about a congenial home to which she could retire. The Council investigated for her and found that there are thirty-five superior homes for business and professional people. The features this woman desired are provided to some degree in the best church and fraternal homes, and in a few privately endowed homes; but few, if any, quite satisfied the requirements she asked of a home in which an educated and cultured woman could continue intellectual associations with women of her own social group. As a result, Doctor Worth M. Tippey, secretary for the Council's Commission, wrote:³

"... Most of these persons (unmarried men and women) can provide for themselves if they begin early enough, but there will come a time when they must have permanent care and security, something which a hotel cannot give and something different from the dependency of old people's homes. Accustomed to an intellectual life, freedom, and

cultural surroundings, they will want to continue the interesting contacts to which they have been used. Such a home would be more in the nature of a club. While those desiring to retire to such a home are likely to be self-supporting, many will not be wholly so, and some needing its comforts, its cultural atmosphere, and its freedom, will lack the resources through misfortune or other causes. Hence the importance of an original capital investment in buildings, grounds, and equipment, and either endowment or a stated income from other sources. The costs might be graded according to the financial ability of the person.

"A home of this kind might fill slowly at first, but would finally be used to maximum capacity. If properly located, its rooms and suites could be leased to regular people at regular rates until such time as they are needed.

"This would have the double advantage of adequate use and normal associations. Location, therefore, becomes a matter of prime importance."

In an article entitled *THE NEW OLD* published in *Harper's Magazine* for February, 1937, Marian Castle asks these questions of the present youthful generation: What are we doing to lighten the next generation's burden of the elderly? Are we developing hobbies, are we saving enough, are we declaring our intention of living independently in our old age—whether in housekeeping rooms, or family hotels, or old

³Wanted: A Home for a Retired College Woman, *Literary Digest* 114:20 (September 17) 1932.

people's homes, "and are we laughing aside the one-time stigma upon the last-named"?

Effect of Depression

Since the depression there are many elderly people who, having looked forward to a financially independent old age, find themselves dependent. Without assigning the fault, Miss Castle makes this statement: "For every instance of filial neglect that I have observed among my friends I know a dozen who have all but ruined their lives through overmuch filial devotion." In the past century a dependent mother was easily and happily supported by her son-in-law, but not so today; a daughter to support her mother had best remain unmarried. Today many homes are not large houses, homes are small apartments; food is not raised in gardens, but bought at markets; so the additional members of a home are additional expense. At one time the presence of grandparents about the hearth was as comfortable and cheering as the traditional cat or dog. But probably not so today, although there are those who still defend the right of children to have grandparents in the home.² But perhaps the grandparents themselves have something to say on this subject.

In the *American Magazine* for February, 1938, there is an article by an elderly and apparently charming woman entitled **I MOVED TO AN OLD LADIES' HOME**. She had lived with her son and

daughter-in-law and grandchild, and although their home was comfortable and peaceful, this lady astonished her son by moving into an old ladies' home—because she loved her independence.

According to the *Science News Letter* for April eighth of this past year, "What the world really needs are clubs for the old folks, not institutions like the average home for the aged and poor farms, but voluntary residences as respectable as Florida and California havens for the elderly rich. They should be much more socially and intellectually adequate, tuned to after-sixty problems . . . scientifically."

The need for homes supports and defines the advantages of a home. Although many homes do not have all the advantages listed in this article, these factors are not impossibilities; they should be or can be found in a well-organized retirement home.

An excellent example of the modern trend in retirement homes is the Memorial Home Community thirty-five miles south of Jacksonville, Florida. This community consisting of ninety-six apartments and a chapel, was endowed by J. C. Penney as a memorial to his father and mother, the Reverend and Mrs. James Cash Penney. On April 24, 1927, it was dedicated as a home for retired ministers and religious workers, and their wives. There is a community library, and for each resident family there is a small garden tract

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The administration building, Elks National Home, Bedford, Virginia, is set well back in a spacious lawn.

available. Each family must have an assured annual income of \$650 yearly, and the community requires a maintenance charge of \$12.50 per month for each family.

At a much higher level in the economic scale we find the retirement home which is being established by Harper Moulton⁴ at Saint Petersburg, Florida. It will offer elderly people the comfort and freedom of a hotel, while providing adequate medical service in case of illness. The home is organized on a contributory basis. Applicants must make an admission contribution averaging about \$2,900 and have a guaranteed life income of \$75.00 a month.

Many philanthropic homes, however, have been organized on the basis of an average entrance fee of \$500. When a person enters

such a home, he turns over whatever investments or property he may have to the home, in return for which the elderly person is guaranteed housing and adequate care for the rest of his life without further expense to him. These homes are as a rule more institutional in aspect; they may house a hundred people or more in one building, although the institutions of the future will probably be built in small and separate units.

In the case of homes conducted under the auspices of lodges or fraternal groups there is usually no entrance fee for persons who fulfill the requirements. As to costs of maintaining residents in such an institution, the figures given in the annual report of the Elks Lodge furnish an interesting illustration. During the year ending May 31, 1939, there were 282 residents at the Elks National

⁴Moulton, Harper: Personal letter to the author.

Home, Bedford, Virginia, and the average cost per resident was \$377.15 for the year.

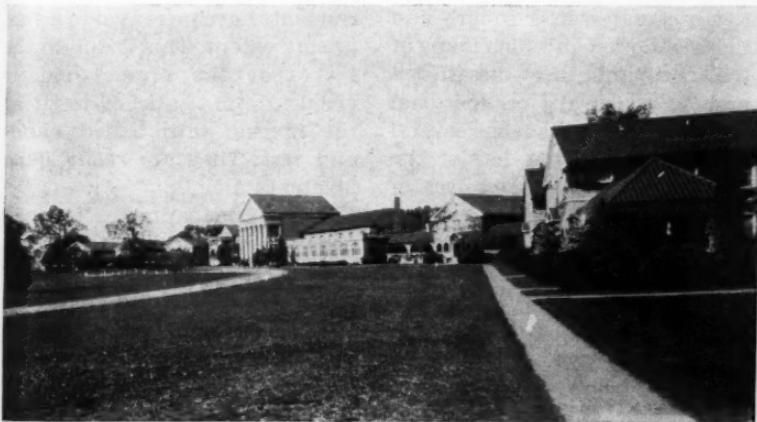
Urban Retirement Home

Tompkins Square House in New York City is an apartment house of single-room and double-room apartments for elderly people with limited income. It is owned and operated by the Community Service Society, and eligibility for entrance must be demonstrated on two counts: an applicant cannot have income or resources enough to pay a larger rental than is charged and must be a personally desirable tenant.

The rent for a furnished room, where meals can be prepared, at the expense of the resident, is \$20.00 a month. Meals are also supplied at cost in the house. Double room apartments rent for

\$35.00 a month for two, \$30.00 a month for one. The House offers a pleasant roof garden overlooking Tompkins Square Park and is conveniently located near a library, churches, and the shopping district.

"We have found that there are two great assets for the elderly persons at Tompkins Square House," Miss Ollie A. Randall, assistant director writes. "One is the fact that the rent usually makes it possible for an individual to live with a certain degree of comfort on a very small amount of money and have a real sense of security and protection in that there is assurance that in the event of illness, there is someone there who is concerned and who will attempt to make plans for his or her care . . . We do not provide any services for people who are ill, but we do ar-



A retirement home that is suited to country life and rural surroundings is shown in this photograph taken of the Elks National Home, Bedford, Virginia.

range either for hospital care or for visiting nurse service.

"The House is in no sense a permanent home for old people. Rental is on a week to week basis, if that seems desirable, or on a month to month basis. There is no endowment of the individual necessary other than an indication that he or she will be able to meet the rent without delay."⁵

The dissatisfaction among residents in old people's homes has been observed in some of the homes visited in the Chicago area. One matron told me that the twenty-five occupants of the home were in constant discord. Elderly women were found especially difficult to care for, as they are extremely particular. When I asked if this home had an occupational therapist, the matron replied, "No," in a manner that implied she had never heard of one.

There is another home, beautifully situated in a suburb and richly endowed, in which many of the occupants are dissatisfied and critical. An occupational therapist visits this home several times a month, but few of the women will avail themselves of her help.

It seems to me that possibly the lack of spiritual success of many of these homes is because they seek to give the aged what they believe the aged should have, what they believe is good for the aged, instead of giving the elderly what they want. As Lillian Mar-

tin says, in attempting to be of service to the old we should remember, "Thy way, not mine." With reference to old folks, William H. Matthews says, "Their ways and habits really do not need to be changed except when, as rarely, they may be injurious to the community."⁶

The occupational therapist offers these handicrafts, according to an article in *Recreation*:⁷ basket weaving, pottery, sewing, toy making, wood carving. But unless the person finds useful purpose in these occupations, not much happiness can be derived from them. Old people are not children, and normal old people are not pathologic.

What old people themselves plan and themselves carry out is far more satisfactory. The superintendent of the Old People's Home of the City of Chicago writes this in her annual report for 1938: "The activities of our residents have increased to a surprising extent. This is due to the fact that the present elderly people are not satisfied to sit by the fireside with folded hands and rest. They are really quite up and coming.

"The Occupational Therapy department continues to interest a goodly number and we consider it a very successful department.

"The 'Round Table' is our latest development, and is a mental stimulus to a large group of our

⁵Randall, O. A.: Personal letter to the author.

⁶Matthews, W. H.: *I Like Old People*. Survey 75:102 (April) 1939.

⁷Bunke, E. D.: *Too Old to Live*, *Recreation* 27:336 (October) 1933.

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residents. This group meets once each week, and discusses current topics or engages a speaker to talk on some interesting subjects. The chairman is 86 years old."

The significance of this "Round Table" is that it is the idea of the elderly occupants themselves.

How a retirement home for dentists should be organized, where it should be established, are questions to be answered by dentists themselves and by dental societies. The need for such

organization we believe has been made clear; furthermore it is apparent that, when a dentist retires from practice, all earnings from his business stop. The business man may retire from *active* business, but his business continues to supply him with an income. The landowner has his rents, the inventor his royalties—the dentist only what he saves during the bountiful harvest.

708 Church Street
Evanston, Illinois

STATE BOARD EXAMINATIONS

New Jersey State Board of Registration and Examination in Dentistry, annual examinations, week of June 24. Any person desiring to apply as a candidate must file application together with examination fee of \$25.00 on or before March 15. For information write to W. A. Wilson, D.D.S., 148 West State Street, Trenton.

The next examination to be conducted by the Board of Dental Examiners in California for dentists and dental hygienists will be held at the University of California, San Francisco, beginning on June 3, 1940, and in Los Angeles, the City Hall, commencing on June 24th. For complete information, write to Doctor Kenneth I. Nesbitt, Secretary of the Board, 515 Van Ness Avenue, San Francisco, California.

Ohio State Dental Board of Examiners, regular meeting, week of June 24. All applications must be in the hands of the Secretary at least ten days before date of examination. For information write to Doctor Morton H. Jones, 1553½ North Fourth Street, Columbus, Ohio.

North Dakota State Board of Dental Examiners, regular examination, Gardner Hotel, Fargo, July 8-11. For information write to Doctor L. I. Gilbert, 401 Black Building, Fargo, North Dakota.

Big Dental Plans For **CHICAGO CHILDREN**

A COMPLETE DENTAL examination is in prospect for every child in the elementary grades of the Chicago public schools under the terms of a new \$400,000 dental health program that is now under discussion. Mayor Edward J. Kelly, the City Council, the Board of Health, the Board of Education, the Chicago Dental Society, and the *Chicago Herald-American* are sponsoring the city-wide program, which is to be financed by local and federal funds.

To equip dental offices in 200 of the city's 340 elementary schools, the Board of Education, under the direction of President James B. McCahey, appropriated \$200,000 on January tenth. It is expected that the Mr. Charles E. Miner, administrator for the Works Progress Administration in Illinois, will be authorized to provide funds to pay the salaries of 200 full-time dentists for the schools, as well as the necessary dental assistants, clerks to file a permanent dental record of each child, and women to keep the dental offices in a hygienic condition.

Considering the progress that has already been made in the development of this broad dental program, it is now believed that it will be possible about April first to begin the work of giving com-

plete dental examinations free to all the 360,000 children in the Chicago schools, from the kindergarten through the eighth grade.

Children needing treatment will receive dental service without charge, if their parents cannot afford to pay for it. All other children will be sent to their family dentists, and a consistent effort will be made through the schools to follow up and see that every child has his teeth taken care of either in or outside of the school.

The necessity for this dental program in Chicago public schools is unquestioned by any informed person. In a cross-section survey made of dental conditions in the city schools, beginning last September and carried on until the middle of December, Carl Greenwald, D.D.S., M.D.S., director of the dental division of the Chicago Board of Health, found that 84.7 per cent, or approximately 255,000 of the children, have dental defects. Another revealing report made by Alexander Ropchan, executive secretary of the Chicago Council of Social Agencies, shows that 60 per cent of this city's school children cannot afford to have dental care. It is generally known that thousands of these children are easy prey to communicable dis-

eases, because of neglected dental cavities, and that many lag far behind or fail in their studies because of dental disease. Other children are disfigured for life and develop inferiority complexes because of malformed teeth and the protruding of teeth and lower jaws as a result of early loss of molars and subsequent neglect.

Because of his close study of dental conditions in Chicago public schools, Doctor Greenwald has been convinced for some time that a broad program of dental correction as well as the prevention of disease was an imperative necessity, but lack of money and facilities made any large scale effort impossible. That is why he has accepted the idea of this new program with enthusiasm. Interviewed shortly after he had been appointed by Mayor Kelly to supervise the entire dental health program, Doctor Greenwald explained the origin of the present plan:

"Mr. John W. Dienhart, the assistant managing editor of the *Chicago Herald-American*, first presented the idea of a dental health program sponsored by the city, the Board of Education, and the Health Department, to Mayor Kelly and to Mr. McCahey. Then I was brought into the picture," Doctor Greenwald said. "We discussed the project from every angle and decided on ways to utilize our present facilities. The newer schools, we found, had rooms that were ideal for dental offices. As to the older schools we decided it would be best to con-

vert a classroom into a dental office, and in those schools where it isn't possible to open an office the children can go to some school that has one for treatment."

Asked about what procedure he expected to follow in developing the large scale program, Doctor Greenwald referred to what has been done in the past in the way of giving children dental care. "The City of Chicago has always had a school dental program, but it has never been extensive enough to take care of anywhere near all the children's needs. We have not had necessary funds or an adequate dental staff. In fact, we have had only thirty-eight full-time dentists to operate twenty dental clinics. These are mostly in the poorer sections of the city."

On being questioned as to his method of estimating the number of dentists needed for this new dental program, Doctor Greenwald replied:

"I have estimated that one full-time dentist is needed to take care of 1000 children in the course of a year. And on this basis we have decided that we must have 200 dentists to start this program correctly. We will, of course, draw on the experience we have had in the past in the different sections of the city and will expand our present activities into a broad, city-wide program."

Of first importance, after the dental offices have been equipped, will be the selection of the most competent dental staff available, according to Doctor Greenwald.

"We want experienced dentists, graduates of recognized dental schools, who are licensed to practice in Illinois. Every applicant will be examined carefully as to his knowledge and background at the Chicago Board of Health," Doctor Greenwald said. "He must come up to the standards we have established, before he will be eligible for a position on the dental staff."

In the supervision of the dental program Doctor Greenwald expects to enlist the aid of a professional committee composed of dentists who are outstanding members of the Chicago Dental Society and those who have had experience in school dental projects. Among others he will invite the deans of the three local dental colleges, the University of Illinois, Northwestern University, and Loyola University, to serve on this committee. These men will be asked to assist in working out some plan for constant supervision of the service given by the dental staff to be certain that professional standards are being maintained. They will also be urged to give constructive suggestions at every step as the dental health program develops.

Although Doctor Greenwald likes to think of the program as mainly a preventive one, he pointed out that a great deal of corrective service must be given, especially at the outset.

"As soon as the dental offices are equipped and the staff engaged, each child will be given a complete dental examination

without charge," Doctor Greenwald said. "At the completion of the examination he will receive a card addressed to his parents reporting the condition of the teeth and urging his parents to take him to the family dentist. For the absolute indigent children, dental treatment will be supplied free."

To aid in determining the ability of parents to pay for dental service for their children, Doctor Greenwald explained that he has available the staff of 250 nurses now attached to the Department of Health, who can be used for home calls to determine economic ratings.

Issue Certificates

Interest in dental health will be stimulated among the children, according to Doctor Greenwald, by giving to children whose teeth are found to be in a healthy condition and to those who have their dental defects corrected a certificate of merit. This can be framed and hung up at home. Later, Doctor Greenwald thinks it may be possible to have a dental health rating placed on the report card of each child.

As to the dental service that will be available to children in the school dental offices, restorations will be placed in both permanent and deciduous teeth; teeth that are so infected they cannot be treated will be extracted; and prophylaxes will be given. In the interests of dental health training, dentists and teachers are to cooperate so that

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Doctor Carl Greenwald, director of the new Chicago Dental Health Program, is shown with school children. (Photograph courtesy of Chicago Herald-American.)

what the children learn in the dental offices will be impressed on them in their classes.

To aid in development of a comprehensive plan for dental education that will extend into the homes, the Chicago Dental Society is offering generous co-operation, Doctor Greenwald said.

"The Society will designate a group of its members to give lectures on dental health in the schools, prepare pamphlets, and other printed matter, for distribution among the children and their parents. This literature will

include lessons on the proper care of the mouth, the correct technique for toothbrushing, and information on corrective diets and related health problems."

The integration of this dental program into the vast Chicago school system will be completely supervised by Mr. August H. Pritzlaff, Director of the Bureau of Physical and Health Education for the Chicago schools. He considers the program as one designed to supplement the work of the family dentist rather than replace him. "The effect of the educational program," he ex-

plained, "will extend into the home. It should result in more dental health consciousness on the part of the entire community. Eventually a definite benefit should be felt generally in the dental practice of the city."

To assist him in laying out his plans for the project, Mr. Pritzlaff is selecting three committees besides the professional advisory group mentioned earlier. One of these will be the educational committee, consisting of the Superintendent of Schools, William H. Johnson, and teachers from his staff. There will be a specifications committee composed of dentists to supervise the selection and placing of equipment in the dental offices, and a committee of personnel, dentists who will aid in the selection of the dental staff and cooperate on this with the Works Progress Administration.

Approves Plan

While discussing the plans for fitting the new dental program into the school curriculum, Mrs. W. S. Heffernan, a member of the Chicago Board of Education, expressed her complete personal approval of the plan.

"The health of the child is the starting point of education," Mrs. Heffernan said. "Children cannot be taught successfully unless they are well. I certainly believe that a clean mouth and good teeth are essential elements in the health of the child. No matter how much money you spend on improving equipment and facil-

ties for education, unless the child is prepared, from a health standpoint, to receive education, much effort and money will simply be wasted.

"Today dentistry is considered a luxury for children in the average poor family. To correct this condition, I believe that in the future the schools must become largely responsible for the dental health of the child. For it is in the school that the child can be supervised most effectively. That is why I am so enthusiastic over our present plan."

To Use WPA Funds

Funds to be obtained for the salaries of the dentists, assistants, and clerks, will be allocated through Mr. Charles E. Miner, who is the state administrator for the Works Progress Administration. In commenting on the project, he said it was difficult to state exactly how much money would be required for a dental health program of this extent, and there is the question to be considered of what part of any money appropriated can be used for labor that is not on relief rolls.

"To carry out any project," Mr. Miner said, "this state has the authority to use up to 5 per cent of the money appropriated for labor, which is not on relief rolls. In certain cases, it is even possible to extend this to 10 per cent, but for this dental program it will be necessary to secure authorization to employ up to 20 per cent of the appropriation to pay den-

tists who are not registered on our certified lists.

"There are no dentists on relief now in Chicago, but from time to time we have had calls from dentists who, although they have some patients, are in need of much more work. The Board of Education has already received about 150 letters from dentists who have expressed interest in this project. It will be our job to pass upon and certify those dentists who are in need of assistance before they can be employed on the project.

"Our procedure, rather than asking for a fixed sum of money," Mr. Miner pointed out, "is to prepare a work program to operate for a year. Money is then authorized for the project—we may not use the full amount or we may use more, depending upon the exigencies of the program. What we really obtain is an authority to do the job. The money is simply a working budget, against which we measure progress from month to month and try to operate for less than the estimated cost, if possible.

"I consider this dental program a very important undertaking and we are glad to have a share in it. I am entirely in sympathy with Mayor Kelly, the Board of Education, and the Board of Health, in the belief that public money should be used to provide adequate examinations and dental care, as well, when the parents are unable to pay the costs. In my opinion our job is to use the money furnished by the public to

provide the greatest possible service for the people. This new dental project can undoubtedly supply a much needed service to Chicago school children."

"If everything works out favorably according to the plans we have made," Mr. Miner added, "I believe it will be possible for the dental program to begin functioning about six weeks after our proposition is passed on and approved in Washington."

Origin of Plan

The idea behind this dental health program originated in 1922 and has been carefully fostered from time to time since then, although there were long periods when it seemed that nothing would ever come of it.

It was in 1922 that Mr. John W. Dienhart, a Chicago newspaper man for more than twenty years, while on a business trip to New York with the late D. F. Kelly, a Chicago business man, decided to go on to Boston to visit the Forsyth Dental Infirmary. There they were both so impressed with the dental care being given children that they decided to try to promote a similar project for Chicago when they returned home. With the aid of Julius Rosenwald and others they attempted to obtain endowments, but did not have complete success. One Mayor was interested to the extent that nearly twenty years ago he bought a building for \$75,000 for a children's dental clinic. At the corner of Loomis and Monroe Street, it still stands vacant.

As the years went on, plan after plan was evolved to give dental service to Chicago school children. One of these centered around three dental infirmaries that were to be set up in different sections of the city. At another time it seemed a good idea to utilize the three dental clinics connected with the University of Chicago, Northwestern University, and Cook County Hospital. But nothing concrete came of any of these plans, according to Mr. Dienhart.

More recently a new plan for financing the project began to take form in his mind.

"Three months ago," he said, "John Malloy, Managing Editor of the *Herald-American*, and I revised our plan and decided to seek financial aid from Mayor Kelly, the Board of Education, and federal funds. Since then, I have spent all my time trying to work out the financial details. Now that we are assured of a fund of \$400,000, the dental program, we feel, should develop rapidly.

With the city government behind the project, we are more likely to have continuity of effort through succeeding administrations because of the impetus that Mayor Kelly is going to give the plan.

"We realize, of course, that the \$400,000 represents only temporary financing of the program. It will, however, be sufficient for the first year's work and, by next January, when the legislature meets, we hope to have a plan for permanent financing ready for consideration."

"In many ways it seems to me," Mr. Dienhart concluded, "the aid of a newspaper in initiating and publicizing such a dental program is important. A newspaper is in a position to coordinate and harmonize the different elements and groups that must work together to develop this program. It can also acquaint the public with all the details of the program, arouse interest, and secure the support and good will that are so much needed."

CHANGE OF ADDRESS

ORAL HYGIENE will be grateful to readers who change their addresses if they will send both the old and the new address. Please also allow at least two weeks for an address change to become effective. Mailing wrappers are of necessity addressed two weeks or more prior to the publication date; hence when your address change reaches us late in the month preceding publication it is often impossible to make it effective before the second month following.

DEAR ORAL HYGIENE:

"I do not agree with anything you say,
but I will fight to the death for your right
to say it."—VOLTAIRE

Retirement Homes

I want to tell you how very much I did enjoy your editorial and the article written by Harriet Williams in the January issue of ORAL HYGIENE.

I believe you have really started something for a great and worthy cause. The actors have a home and so do the Elks and many others, so why not the dentists? I believe if each dentist would send in teeth which have restorations and inlays, which they remove, it would help make a beginning and then, say about the first of June, send in each year a *vacation stamp* and ask the dentists to send a dollar for it, we could soon have a fund sufficient to do something with right away.

I trust that your plans will mature into something good and that real soon.—J. A. GORMAN, D.D.S., 629 Maison Blanche, New Orleans, Louisiana.

Help For Aged Dentist

I shall watch with interest any development that takes place through the unfolding of the "Retirement Home for Dentists" series which you inform us will appear in ORAL HYGIENE.

I feel that there will no doubt be considerable reaction to the general thought of help to the aged and otherwise incapacitated dentist. There can be no doubt that it is a

noble step. Surely something of value will evolve from the full discussion of this subject.

For some time I have felt that an effort should be made to determine what can be done to enable the dentist better to help himself in his later years. In December of last year I wrote Doctor Arthur Merritt, President of the American Dental Association, suggesting that serious thought be given the matter of a retirement fund or pension for dentists. It was suggested by Doctor Merritt that, if I wish to have such a plan considered, it be submitted to the board of trustees in February of this year for consideration.

I strongly favor a retirement plan that would offer the dentist freedom of activity with a sense of security and independence—all better suited to seasoned professional temperament than one which offers him a definite place where he may make his home. Of course, both may be practicable and workable simultaneously. By enlightening education on the subject coupled with intelligent cooperation and constructive group action, a fitting plan will probably be worked out. Let us keep this ball rolling and let it gather all the interest it deserves.

Doctor George Wood Clapp enlightens us in his latest book *THE DENTIST FACES HIS FUTURE*, when he shows us that many dentists who are financially independent today may,

through perhaps no fault of their own, find themselves in quite a different financial position a few years hence. There is so much than can be said.

I am solidly in favor of full discussion of this matter of retirement assistance and do appreciate the attitude taken and the opportunity offered by ORAL HYGIENE to stimulate interest in the subject. You are offering us a great avenue through which to expound our views.—W. E. MATHISON, D.D.S., 30 North Michigan Avenue, Chicago.

The Townsend Plan

In your January issue of ORAL HYGIENE, under the heading, DENTISTS GROW OLD Too, I refer you to page 22 beginning "The Townsend Plan of \$200 a month to all over 60 apparently cannot stand financial practicalities." In this statement, I want to call your attention to the words "apparently cannot stand practicalities." This phrase gives a wrong impression of the Townsend Plan. I am sure you do not want to mislead your readers in making such an assertion that the Townsend Plan is not workable.

In the first place, the Townsend Plan does not call for \$200 per month annuity at the start, nor ever did it so claim. The \$200 per month is the roof above which the plan does not wish the annuitant to go. Many economists of reputation claim that \$200 per month is not too much for an American family to live upon in an American standard of living. And I believe dentists will agree with this statement 100 per cent.

The Townsend Plan is based upon a tax of 2 per cent on each and every cash transaction, or its equivalent, and upon this amount of money taken in and credited to a fund for no other purpose but to be paid out to annuitants in a prorated sharing to all annuitants, eligible for the money, 60 years old and over. If the 2 per cent transaction tax will secure

enough money to pay the \$200 per month, all well and good. But if the 2 per cent tax only secures enough to pay \$60, or \$75, or \$100, or more per month, this is all well and good, too. The Townsend Plan only pays out and all it promises to pay out is the amount the 2 per cent tax will collect from business transactions to its annuitants.

The Townsend Plan pays its own expenses, nobody is hurt, the Government is not liable for one cent, the National Income is not bothered or reduced one penny. So why will it not work? The best information I can secure from reliable economists is, the 2 per cent tax will, at the start, collect enough money to pay to the annuitants from \$100 to \$125 per month. But, we all hope and firmly believe, after business gets back on its feet again, the 2 per cent tax will soon collect enough to pay to the annuitants \$200 per month, which is the top which the annuitants can collect. If any surplus remains after the annuitants are all paid \$200, the surplus is paid into the U. S. Treasury. And we believe the national debt will soon be paid off through the Townsend Plan, if it is given a chance.

All we older dentists are scared to death over our advancing age, and well may we be if we have no escape. The Townsend Plan gives us an escape. The Townsend Plan will solve our problems at the end of our dental journey. Let us as a profession all join hands and demand that Congress pass the Townsend National Recovery Plan. It will save us many heartaches and anxieties. It will make the setting of the sun on a perfect day much more pleasant to behold.—A. A. MEREDITH, D.D.S., Middlebourne, West Virginia.

Wishes To Cooperate

Your idea concerning RETIREMENT HOMES FOR DENTISTS as expressed editorially in the January issue of ORAL HYGIENE is excellent.

March, 1940

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If there is anything I can do to help in putting the idea into action, please feel free to suggest it.—ROBERT G. DRAKE, D.D.S., 919 First National Bank Building, Omaha, Nebraska.

The Dentist's Widow

With regard to a retirement home for dentists—it's the finest thing yet. Bring out the paid admission features for both the dentist and his wife. Do not forget the dentist's widow's rights to the home feature. Also kindly locate it in a warm climate. Go to it and best of luck.—O. C. SAMPHERE, D.D.S., West Allis, Wisconsin.

A Service To Dentists

After reading the two articles appearing in the ORAL HYGIENE, January, 1940, regarding RETIREMENT HOMES FOR DENTISTS and DENTISTS GROW OLD Too, the pleasure derived therefrom prompts me to communicate to you my compliments on the selection of topics, and for the departure from the ordinary material found in the ORAL HYGIENE.

I take this opportunity to congratulate you, Doctor Ryan, and Harriet Williams, on the two articles.

I am sure that the awakening to

the need of retirement homes for dentists is of vital importance, not only from the practical, but also from the humane standpoint. There is no doubt, that, if such an idea could be realized, it would be useful to many old men after 65. It has great sociologic value.

I am sure that if you stimulate this idea and give it enough publicity in your valuable publication, other dental periodicals will follow your noble example. I personally think, and am sure that the rank and file will approve, and that the day is here for the dental societies to work on this question and to help bring every aid for its realization.

Dentists do not realize during their productive years what will happen to them when they reach the age of 65 and are not able to perform their function any more and are without a place to go to in their last years of life.

More power to you, Doctor Ryan; the idea is excellent, and a useful one and noble. Hammer away on it, in the real American way, and don't stop until the job is finished. All men of 65 will then include you in their prayers and thank you for this noble deed.—PAUL SHAPIRO, D.D.S., 2082 Crotona Parkway, Bronx, New York.

Editorial Comment

GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO
ARGUE FREELY ACCORDING TO MY CONSCIENCE
ABOVE ALL LIBERTIES. *John Milton*

THE AGED ARE ALWAYS WITH US

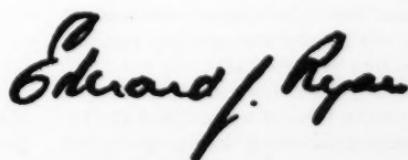
FOLLOWING THE publication of the first two installments in the series on retirement homes for dentists the reader-response suggests that the interest in the subject is intense and the need urgent. What is the next move? We cannot enter the blueprint stage of planning, until we explore the financial aspects. Although we may all agree on the objectives of retirement homes we can't be expected to show our enthusiasm until someone suggests, in general terms at least, methods of financing. If retirement homes are to follow the American way, they are to be independent of governmental subsidy; they are to be financed by dentists for dentists; they are to carry no stigma of charity.

A suggestion for financing made by Doctor J. A. Gorman of New Orleans merits particular scrutiny. He suggests that the precious metal scrap collected in dental practice be turned into a common fund to finance the retirement home project. It is probably a conservative estimate to say that twenty dollars a year in metal odds and ends could be recovered from the average practice. In the case of the salvaging of large metal pieces the patient should, of course, receive credit. Again we are impressed with the staggering force of multiplication. If only half of the dentists in the United States were to turn in their small precious scrap, a fund of over a half million dollars a year could be accumulated. The collections from a single year would build a home ample enough for a beginning. In subsequent years the collections would provide the funds for enlargement of the physical plant to accommodate increasing demand and provide for adequate maintenance. Financing by this arrangement is of the painless type, quite different from handing out money already hard-earned. Disposing of precious metal scrap in this fashion is also more psychologically elevating to us: we escape from the junkman feeling of selling scrap for personal profit and rise to the exalted plane of philanthropy.

Gifts and bequests to such a fund would be considerable. Families

and friends who wished to memorialize dentists would here have an opportunity to embrace a permanent, sustaining project to any degree of their financial ability. It is regrettable, and a depressing commentary on dentistry, that the great men in dentistry are so often quickly forgotten by their world. It is unproductive to attempt to recall what dental organizations have done to perpetuate the memory of the men who made the greatest contributions. Brophy, Black, Johnson, Taggart, lived their full lives in the dental society to which I feel honored to belong, but yet the great Chicago Dental Society has done nothing to memorialize the name of any one of these men. It would be more satisfying to believe that this situation of apparent indifference exists because there has never been a project of broad enough scope and of enough social worth to identify it with the eminent names in dentistry. To support a home to which dentists might retire after their labors is an undertaking that should satisfy the ideals of anyone. A retirement home would not be a symbol of the great, alone, but should reflect the spirit of the plodding common men in the profession as well. There are in the country, undoubtedly, hundreds of general practitioners doing the day in and day out practical things who would want to make their contribution to a great cause. A life insurance policy of one or two thousand dollars, payable to the retirement fund, would give these dentists in their productive years the satisfaction of cooperating in an altruistic adventure.

On a recent blustery Sunday I walked alone through a country cemetery. Between two oak trees was a fresh mound covered with the new snow. Here one lay who had recently joined the democracy that is death. In life he was known from coast-to-coast, great sums of money were his, the story of his success is one of the sagas of modern business. Some day, no doubt, his family will create something to perpetuate his influence and spirit. They have the means to do big and spectacular things. In the democracy of death there are countless obscure men who were loved as much and respected as much, or perhaps more, than the great of the world. Their people would like to do something to memorialize them. If they were dentists, their families and friends would have the greatest opportunity by supporting a retirement home from which the blessings of the aged, the ill, and the friendless, would pour forth steadily upon the world.

A handwritten signature in cursive script, reading "Edward J. Ryan". The signature is fluid and expressive, with varying line thicknesses and ink saturation.



Stockton (California) Record: Woodrow Coale, a dentist who has served for four years as a member of the City Council was recently elected mayor of Stockton by other members of the council, and took the oath of office in the presence of several hundred men and women who had gathered in the council chamber. Doctor Coale has been practicing dentistry in this city for more than twenty years, following his graduation from the College of Physicians and Surgeons at San Francisco in 1918.

Minneapolis (Minnesota) Tribune: At the golden anniversary of the Minneapolis public library last December, among the many events of human interest and special significance, it was recalled that Kirby Spencer, a dentist, was one of the most liberal of those who contributed to the library through the years. A leading dentist of Minneapolis a half century ago, his principal bequest took the form of a trust fund, the income from which was to go to the

purchase of books exclusively on science, history, and higher literature. Since Doctor Spencer's death in 1870, the property bequeathed to this trust, chiefly real estate, has provided well over \$300,000 for the purchase of the types of books specified in Doctor Spencer's 70-year-old will.

Saint Joseph (Missouri) News Press: Out of blocks of cedar and pine, R. C. Hill, a dentist of Plattsburg, Missouri, has revived the old West by carving 500 miniature figures of cowboys, rough riders, buffaloes, Texas steers, prairie schooners, and Indians. He has created this panorama



ma of Western life with the aid of his pocket knife during free time in his

dental office. An ardent student of Western life, Doctor Hill has made seven large scrap books filled with authentic clippings and pictures of this period of our history, with the hope of arousing interest in the old West and perpetuating the memory of the cowboy.

Syracuse (New York) Post Standard: L. W. Sherwin, a dentist, musician, and chemical engineer, has invented a chemical to deodorize garbage. It has been tried out in several cities with considerable success for outdoor use in the summer, and it can also be used in winter, making it possible to leave the garbage can, properly inoculated, inside the door, to prevent freezing. In the field of invention, he hopes next to perfect an automatic directional signal for an automobile. For another spare-time activity, Doctor Sherwin conducts an orchestra.

Fort Worth (Texas) Star Telegram: C. E. Putman, a dentist of Jacksboro, and his wife, live in a historic 67-year-old house. It was built in 1873 for Stanley Cooper, a pioneer merchant, who paid the carpenters in twenty-dollar gold pieces. It took six weeks to transport the lumber by means of oxen from Louisiana to Jacksboro, and all the siding that went into the house was hand-hewn. In September, 1907, at a meeting in the old Cooper house, Tom M. Marks, then county agent, organized the Boys Corn Club of Jack County, which was the acknowledged forerunner of the 4-H Clubs throughout the United States. Doctor and Mrs. Putman have owned the house since 1918 and have added only one to its original four rooms.

Trenton (New Jersey) State Gazette: "Anybody's Game," an ingenious piece written by Francis L. Golden, D.D.S., and Arthur Pierson, was presented recently by the Clay-Ben-Em Players of the New Jersey Unemployment Compensation Commission before a large audience in Trenton. "The three-act farce was one long succession of excellent punch lines," according to the reviewer, "many of them in the unadorned



vernacular of baseball players and fight promoters, all of them fitted neatly into an intricate and entertaining plot." The gist of the story was the rescue of six quarantined big league baseball players and the subsequent saving of a World Series and bet money.

Minneapolis (Minnesota) Morning Tribune: Doctor Jan Muller, post-graduate student of the Minnesota Dental School, is a native of Holland and was only recently released from the army there so he could take the state dental board examinations in Minneapolis. Scarcely a month ago Doctor Muller made a harrowing journey through mine-strewn seas and returned to Minneapolis after serving two and a half months in Holland's army. Everything was in readiness, he explained, to open huge dykes and flood the country at the first sign of an invasion.

Of his return trip to this country Doctor Muller says, "It took us five

days to cross the English Channel, ordinarily only a few hours' journey. Mines infested the waters. We could proceed only a few miles at a time and then had to wait for an English pilot to steer us through the English



mines. We just hoped to escape the German mines . . . It didn't help our peace of mind to learn by radio that two liners to which we had waved the day before both struck mines and were sunk. We were luckier. British and German planes flew over us several times, but we were not molested. We had to carry our life preservers with us even to the dinner table as a precaution."

Doctor Muller received his degree in the Dental School at the University of Minnesota last June and hopes to practice dentistry in the Dutch East Indies unless he is called home by a war.

Indianapolis (Indiana) Star: Doctor William H. Crawford, new dean of the Indiana University School of Dentistry, and Mrs. Crawford, were honored at a dinner of welcome in the Indianapolis Athletic Club by members of the faculty and assisting staff of the school. Doctor Crawford was introduced formally to the group by Doctor Gerald D. Timmons who has been the acting dean of the school. Besides his more than ten years of service at Columbia University, Doctor Crawford has had experience as an instructor in the

Prosthetic department in the University of Tennessee School of Dentistry and also spent some time in research with the United States Bureau of Standards. In recent years, he has developed a particular interest in the dental material research field, and he will continue his observations with the aid of special equipment that is to be installed soon at Indiana University.

Cleveland (Ohio) Press: The quick thinking and bravery of James Firse, a forty-four-year-old dentist, were credited by firemen with saving five of the seven persons who escaped from a burning house at 10515 Massie Avenue. Besides himself, Doctor Firse saved his wife and two-year-old son Jack, his mother, and a ninety-year-old invalid, a charity ward, who had to be carried from the second floor.

Lyndhurst (New Jersey) S. Bergen Eagle: John Lozier, a dentist of 17 Ridge Road, and Frank De Garcia of Jersey City, returned from a fishing trip to Cape Hatteras with the amazing report of having found a human hand in the stomach of a 650-pound shark. They have sent the hand to the Smithsonian Institution



in Washington, D. C. and are awaiting a report from authorities there. The 11-foot shark was sighted near the shore and was beached by Doctor

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Lozier and La Garcia. After performing an autopsy, Doctor Lozier said he was of the opinion that the shark had swallowed his human meal within twenty-four hours of the time they made their discovery.

Minneapolis (Minnesota) Times-Tribune: Doctor Dagny Just, who is one of the city's two practicing women dentists, believes that a dental career can be successfully combined with home making. Her interest in dentistry was first aroused when she visited her aunt who was practicing in Oslo, Norway, and occasionally had the late Queen Maud as a patient. In 1917 Doctor Just graduated from the University of Minnesota

and concentrated on her dental practice until she married ten years ago and began to combine two careers.

New York (New York) World Telegram: When Jacob Reich, 46, a dentist of Newark was stricken with a heart attack in his office recently, he tried to save his life with the aid of oxygen. He staggered to his dentist's chair, put the rubber oxygen mask over his face, and turned on the oxygen in a desperate attempt to keep alive. Then he fought vainly to keep from losing consciousness. When his assistant returned from lunch, Doctor Reich was still breathing but unconscious. He died before a physician reached him.

Readers who have received awards this month for news stories contributed to DENTISTS IN THE NEWS:

D. N. STIEFLER, D.D.S., Indiana University School of Dentistry, Indianapolis, Indiana.

FRANK J. PEXA, D.D.S., Vanasek Block, Montgomery, Minnesota.

ARTHUR J. RABY, D.D.S., 15701 Detroit Avenue, Lakewood, Ohio.

MISS ELEANOR DERRICK, Odesa, Texas.

BERNARD RATKOWSKY, 707 Beverly Road, Brooklyn, New York.

CAN YOU USE A DOLLAR?

To EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in this department, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be acknowledged or returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

Syphilitic Lesions

Q.—I am a dental technician and should appreciate an answer to the following question.

How great are the chances of acquiring syphilis through the handling of bites, set-ups, and repairs. I understand that air kills the germs in a short while, but where saliva does not meet air as between upper and lower bites, except on separation of two, would there be any danger there?—F. B. C., Oregon.

A.—In our opinion the danger of your acquiring a primary syphilitic lesion from handling impressions and wax bites, is of too little consequence to consider.

Luetic mouth lesions are most often tertiary and Stitt¹ says finding the Treponema pallidum in scrapings of the primary and secondary lesions is fairly easy but in the tertiary lesions "is far more difficult."

You are right about the syphilitic germs not living long in air.
—GEORGE R. WARNER.

Dry Sockets

Q.—Kindly advise me how, after extractions, painful dry sockets can be treated most effectively to relieve the pain.—F. H. V., Nebraska.

¹Stitt, E. R.: Practical Bacteriology, Blood Work and Animal Parasitology, Philadelphia, P. Blakiston's Son & Co., Inc.

A.—As a preventive measure, give a thorough prophylaxis a few days preceding extraction. During the time of extraction, keep mouth fluids from entering the socket, and immediately following extraction have the patient close on a piece of sterile gauze for about five minutes. No mouth wash should be used for at least twelve hours, and sucking or spitting should be avoided. Apply an ice bag to side of the face immediately using it for two hours or more. Prescribe a mild cathartic to aid rapid elimination.

Treatment of wound following extraction: we suggest that the socket be dried thoroughly and closely inspected for loose particles of bone, tooth fragments, or retained granulomas. Remove any sharp edges of bone and reduce septal crests in selected cases. If the buccal plate is fractured, watch for retained fragments or poorly supported bone that might slough later. If a mucoperiosteal flap has been laid back, it should be carefully sutured to original position.

If the blood breaks down, we find a sedative cement pack the most effective means of relieving pain and promoting normal granulation.

We mix with the sedative cement a small amount of lanolin and enough cotton to fill the socket loosely. This pack may be left in place from three to seven days, when a new and smaller pack may be put in. The second pack usually suffices until there is complete filling in of the socket with granulation tissue, so it is comfortable and would not retain a pack.—V. CLYDE SMEDLEY.

Thick Saliva

Q.—A woman past 60 has been wearing full dentures for six months. She is constantly bothered with thick, ropy saliva accumulating about the upper denture to the extent that it gags her. Persistent use of mouth wash does not help. She is not bothered when her denture is out. The case fits her and does not cause discomfort in any other way.

This patient has high blood pressure.

Is there any solution for her problem?—F. B. M., Kansas.

A.—I would say that the heavy, ropy viscosity of saliva can be corrected, provided the patient is willing to submit to a right diet, as follows: Refrain from all carbohydrate foods—starches and sugars, that is, bread, potatoes, cakes and candies—for a few days or until the saliva becomes normally watery. After this, a controlled amount of carbohydrates may be eaten, the amount permissible to be determined by the condition of the saliva.

Correcting the diet to this extent will very likely benefit other phases of the patient's health.—V. CLYDE SMEDLEY.

Bluish Band on Teeth

Q.—I have a patient, an attractive young girl of 19, who is in apparent

good health but has developed an unusual condition.

The best way that I can describe it is that a dark bluish band appears through her upper and lower anterior teeth. It is about 2 millimeters wide or a little wider, midway from the gingival and incisal edge.

Transillumination reveals perfectly clear tooth structure.

This may be a help to you. A small pin head silicate placed in the lingual pit of a lateral shows through prominently as a dark spot.

I sent her to her physician. I had her take calcium and dicalcium-phosphate tablets and saw her about six weeks later. When she came back, I believed the cast was darker. Her physician found nothing wrong physically and dismissed the bluish cast in her teeth as "shadows."

The only abnormal factor is that she is tired despite twelve hours sleep every night, and her work is easy. She is a cashier at a moving picture theater.

I feel that her medical examination was insufficient, yet, I could not say so. I may be wrong, but I believe something has removed the mineral salts from her teeth.

May I have your opinion and advice?—E. J. J., New York.

A.—After carefully considering the case presented in your letter, we are of the opinion that the teeth involved have unusually translucent enamel with little dentine between the enamel plates where the bluish band appears. That the bluish band does not extend to the incisal edge may be explained by the change in the direction of the enamel rods near the incisal edge.

We would welcome opinions about this case.—GEORGE R. WARNER.

Long Hours

Q.—As a constant reader of *ASK ORAL HYGIENE* for many years, I have

seen several of my perplexities cleared up as posed by other practitioners.

A fundamental problem that has me puzzled is the long office hours I have spent in practice for many years. Besides taking off two mornings a week and Sundays, I have practiced daily from 9 a. m. to 9 p. m. throughout the week. I would welcome your own opinion as to the wisdom of cutting down office hours in a neighborhood practice, so as to have more time for study and recreation.

Frankly what do other general practitioners who practice in neighborhoods do about office hours so as to maintain maximum efficiency in dentistry and also in health?

Here is my office hour schedule as now practiced: Mondays, Tuesdays, Thursdays—9 a. m. to 9 p. m.; Wednesdays and Fridays—1 p. m. to 9 p. m.; Saturdays—9 a. m. to 4 p. m.
—J. S., Pennsylvania

A.—In my opinion the only time in the conduct of a dental practice that there could be any justification for such long office hours, as you say you have been keeping for many years, would be when a young dentist is just starting out. His time is not fully occupied during normal or proper office hours, so in order to make his services available to a larger number of people he works evenings until he can get himself established with a reasonably full practice. After which, I would say that any dentist who would continue this practice indefinitely must be foolish indeed.

I have a dentist friend who for many years had a full dental practice, until his health broke seriously. Acting on his physician's orders, he cut his office

hours in half and, at the same time, doubled his fees. He told people frankly that he was obliged to do this or discontinue practice altogether. He told me afterwards that he was surprised how few patients left him, because of this actual doubling of his fees. He said that this illness, serious as it was, was the best thing that ever happened to him, for this enforced change gave him time for study and research as well as recreation and outdoor exercise that he had been neglecting for years, and at the same time he maintained his former income.

If you do not have the excuse of ill health and lack the nerve to cut your hours in half and double your fees as this man did, you can start correcting the faults in your practice gradually. Close your office for a few days to a few weeks every once in awhile and go away to attend dental meetings and take special post graduate courses; and upon your return shorten your hours and raise your fees, especially for the particular work that you have concentrated on at the dental meeting or the special course you have just taken.

You will find, I am sure, that many if not all of your patients will appreciate you more and be willing to pay more for your services, if you will do this and be convinced in your own mind that it is the thing to do and that will enable you to render your patients better service as well as treat yourself and your family more fairly.—V. CLYDE SMEDLEY.

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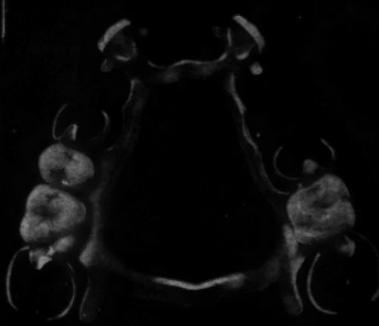
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"Do you motor?" asked the insurance agent of an applicant for a policy.

"No."

"Do you fly?"

"No."

"Perhaps you cycle . . . ?"

"No, I have no dangerous habits," volunteered the applicant.

"Sorry," replied the agent, "but we don't cover pedestrians nowadays."

○

Dot: "So old Gotrock's check bounced back, eh?"

Dolly: "Yeah, it was marked: 'Insufficient Fun.'"

○

Diner (ordering): "Bring me a plate of hash."

The waiter walked over to the kitchen elevator: "Gent wants to take a chance," he called down the speaking tube.

Second customer: "I'll have some hash, too."

Waiter (picking up tube again): "Another sport!"

Cora: "This here fellow thinks he can sing like Caruso."

Dora: "Well, they do say Caruso had a beautiful voice. But how could they know, with him stranded on that island with nobody but Friday to hear him?"

○

Young Man: "How about some old fashioned loving?"

Sweet Young Thing: "All right, I'll call grandmother down for you."

○

Discussing the type of milk which should be supplied to school children, the chairman of the town's health committee said:

"What this town needs is a supply of clean, fresh milk, and we should take the bull by the horns and demand it."

○

"Dear Eunice," wrote a young man, pardon me, but I'm getting so forgetful. I proposed to you last night, but really forgot whether you said 'yes' or 'no.' "

"Dear Will," she replied by note, "so glad to hear from you. I knew that I had said 'no' to somebody last night but had forgotten who it was."

♀

Employer (to newly - hired typist): "Now I hope you thoroughly understand the importance of punctuation?"

Stenographer: "Oh, yes, indeed. I always get to work on time."

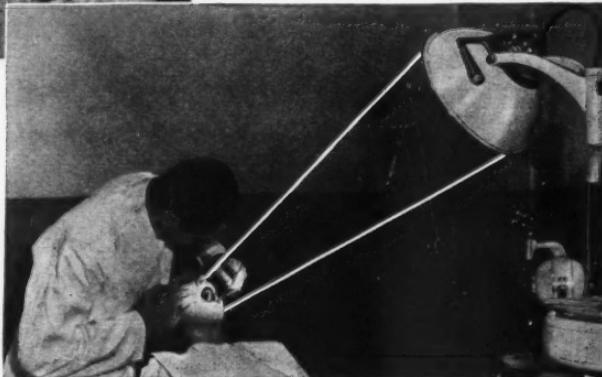
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Just as the surgeon in the hospital must have shadowless, glareless light that penetrates deeply and evenly into cavities . . . so you, the dentist, doing precision work in the mouth, must have a source of illumination as reliable as the Castle Major Light under which the surgeon works.



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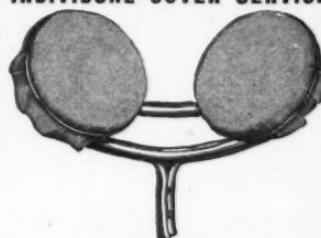
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PERHAPS you have advised Ovaltine after operative work when mastication was difficult... or as a general "building-up" food for under-par patients.

It will interest you to know that now Ovaltine has been greatly enriched in health-building elements.

Ovaltine has always been a source of important vitamins and essential minerals. Now—in step with advances in modern scientific knowledge—its content of these vitamins and minerals has been importantly increased.

Note, at right, the amounts of these eight elements in three servings of Ovaltine. Note, especially, how much tooth-building Calcium, Phosphorus and Vitamin D it supplies!

Why not make it a point to suggest Ovaltine when patients ask you what foods will most benefit dental health?

They will appreciate your suggestion. And they will be delighted by its taste.

A request over your signature to OVALTINE, Dept. OH-3, 360 N. Michigan Ave., Chicago, will bring you a free full-size can of the new improved Ovaltine.

Three servings daily of Ovaltine—made with milk per directions—supplies the following eight food-essentials:

Vitamin A
2625 units (USP X1)

Vitamin B,
297 units (Internat'l)

Vitamin D
316 units (USP X1)

Vitamin G
488 units (Sherman-Bourquin)

Calcium
One gram

Phosphorus
918 milligrams

Iron
8.7 milligrams

Copper
0.87 milligrams

Three servings of Ovaltine supply the full minimum daily requirement of Vitamin D, Calcium and Phosphorus—so essential to dental health—and 50% to 100% of all a person needs of 5 other food essentials.



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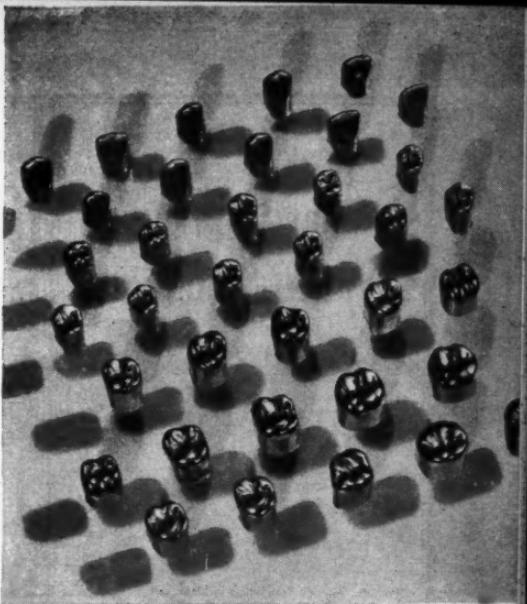
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They protect you



Masel Temporary Aluminum Crowns protect you because they protect your work between sittings. Moreover, your patients are bound to appreciate your thoughtfulness in safeguarding the work you are doing for them. Every dentist knows how much these little painstaking services help in creating good will, the most effective practice-builder.

It is easy to give patients this extra service—to give your work this extra protection. You simply trim the crown at the gingival, fill it with cement, and place it in position. To remove it, you merely slit the crown.

Masel Aluminum Crowns cost little: the price for 20 bicuspids or molars is only \$3.

Use MASEL Temporary Aluminum Crowns Between Sittings to Protect—

1. Root preparations for jacket or shell crowns; crown and bridge work.
2. All preparations with frail walls and delicate margins.
3. Unfinished tooth preparations where gutta percha or cement affords inadequate protection.
4. Teeth receiving treatment, especially where decay has so weakened the crown that any "spread"

or "flow" of cement or gutta percha dressing seal, under mastication, might fracture the walls

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When Smokers
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PHILIP MORRIS?**

EVERY case of irritation of the nose and throat due to smoking cleared completely or definitely improved.*

**Laryngoscope, Feb. 1935,
Vol. XLV, No. 2, 149-154*

Write for reprints of published studies on the comparative irritant properties of cigarettes. Address Philip Morris & Co., Ltd., Inc., 119 Fifth Avenue, New York.

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Quick Setting

Used for plaster and plaster wash impressions, and for emergency models in vulcanite work where rapid set is essential.

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Please send me a sample of Clover Leaf Impression Plaster.

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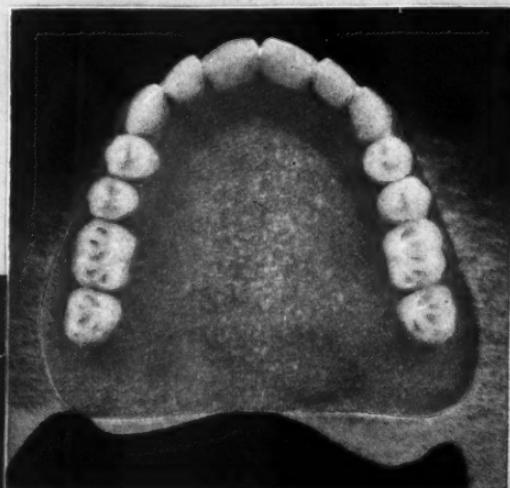


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Vernonite restorations are a far cry from the dentures of yesteryear, indeed a great advance over those of yesterday. This comes to mind as dentistry celebrates its centenary in Baltimore this month. Dentists recognize the unique functional properties of VERNONITE dentures—their strength, color fastness—their general dependability. But there is something more—the appeal to patients. Sheer beauty, naturalness, cleanliness, and the "feel" of cleanliness have greatly reduced the old repugnance to dentures that every dentist knows so well. This is an advance in the prosthetic art in which VERNONITE is proud to have shared a part.



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Vernonite is the trade-mark, Reg. U. S. Pat. Off., for an acrylic resin denture material manufactured by the Rohm & Haas Co., Philadelphia, Pennsylvania, under U. S. Patent numbers 1,980,483 — 2,013,295 — 2,120,006, and distributed by Vernon-Benshoff Co., Pittsburgh, Pennsylvania.

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P. O. Box 1587, 933 Ridge Ave., Pittsburgh, Penna.

..she Could Cry

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DR. WERNET'S

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she's so bewildered!

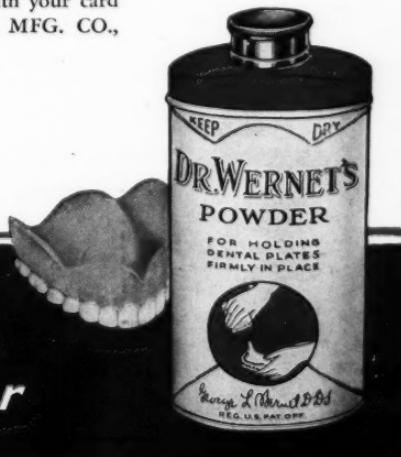
(BECAUSE DENTURE POWDERS ARE NOT ALIKE)

● PROMISED the impossible, twice now she has fallen a victim to misleading claims of inferior denture powders. And she is bewildered! She is at a loss to know which powder to turn to next!

To prevent such difficulties — to safeguard the health and comfort of their patients — nearly 50,000 dentists use and prescribe DR. WERNET'S Powder, the one powder of truly professional standards and with a record of thirty years of superior excellence. DR. WERNET'S Powder is not advertised to the laity. We believe only the dentist is professionally qualified to prescribe its use.

MAKE YOUR OWN TEST! Pour some DR. WERNET'S Powder on a dark sheet of paper. Pour next to it an equal amount of any other denture powder. Note how much *whiter* and *purer* and *finer* DR. WERNET'S is! Now add a few drops of water to each and note also how much *more absorbent* and *soluble* it is — so that less of it is required, so that irritation is minimized!

SEND FOR YOUR SUPPLY—FREE! Simply mail the lower portion of this page with your card or letterhead to WERNET DENTAL MFG. CO., 190 Baldwin Ave., Jersey City, N. J.



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whiter.. purer.. finer

INCREASE THE STRENGTH OF AMALGAM UP TO 50%

EXPELS MORE MERCURY

Hand-packing cannot achieve the high degree of condensation possible with the Malletor. Its short, direct blows thoroughly expel mercury-condense amalgam solidly against cavity walls and over entire surface, with equal efficiency. You get greater strength—no porosity—and a high, long-lasting lustre. The Malletor's six contra-angle positions facilitate direct manipulative pressure any place within the cavity.

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Pack an amalgam restoration by hand. Then use the Malletor and see how direct blows expel more mercury and get greater condensation. Ask your dealer about Malletor's 15-day trial—make this conclusive test as many times as you desire.

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It took a long time to develop this unique therapeutic agent and its appearance was heralded as one of the genuine discoveries at the turn of the century.

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AN entirely new kind of automatic dental X-ray developer . . . a single bath which both develops and fixes your films . . . that turns itself off when each film reaches the correct diagnostic density.

You cannot overdevelop with D-3 Monobath even if you leave a rack of films in your tank for hours. Without any attention from you at all, D-3 Monobath turns out uniform fog-free X-rays of extreme sharpness and clarity . . . regardless of great differences in processing time and temperature.

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Model-D

"it's a Grand Tooth Brush"



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1. *Extra Long Handle*—No fingers near the mouth—Extra Leverage—Firm Grip.
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Grateful Patients enhance your prestige and build good-will for you when you give them or prescribe for them Q-T-NO MODEL D Tooth Brushes, whose superlative quality and efficient Design is so quickly appreciated. Write for sample brushes (use coupon) and Special Professional Price List for office dispensation.

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—2 Row —3 Row — Child's
At 20c per brush (not more than 2 at this price) with full information.

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A NEW TREATMENT

By G. A. BUNTING, Ph.G., Sc.D.

OVER a period of 20 years I have had numerous letters from Doctors telling of hand troubles caused by constant washing, use of Bichloride Solution, etc.

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Surveys indicate wide use

A number of surveys indicate that thousands of doctors use Noxzema Skin Cream themselves—a large percentage for irritated hands. Scores of dentists are also using Noxzema for their hands—to soothe irritation—to prevent cracking, etc.

Noxzema's bland medication relieves burning, itching irritation—promotes healing.

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YES—for artificial surfaces too!

Thousands of dentists throughout the country have used and recommended Revelation Tooth Powder for more than thirty-three years.

It has long been universally established as an ideal dentifrice for children as well as adults. Members of the profession, in growing numbers, are now using and recommending Revelation for dentures and orthodontic appliances. It polishes gold work beautifully.

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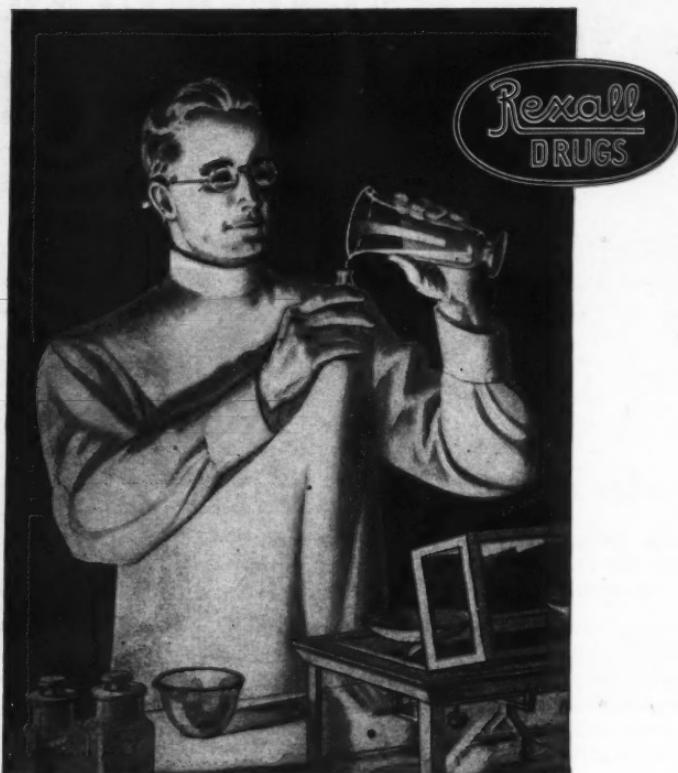
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You may send me a copy of your free book
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I hardly know it myself,
they fit so well!"**

A patient so perfectly satisfied not only brings joy to the dentist's heart, but is a big factor in building his practice. Use "Kelly's Paste" to get the SUPERIOR ADAPTATION which helps to bring these results. At dealers, \$2.50. Satisfaction guaranteed. Kelly-Burroughs Laboratory, Inc., 143 N. Wabash Ave., Chicago, Ill.

**For Better Adaptation, Use
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ORTHODONTIA



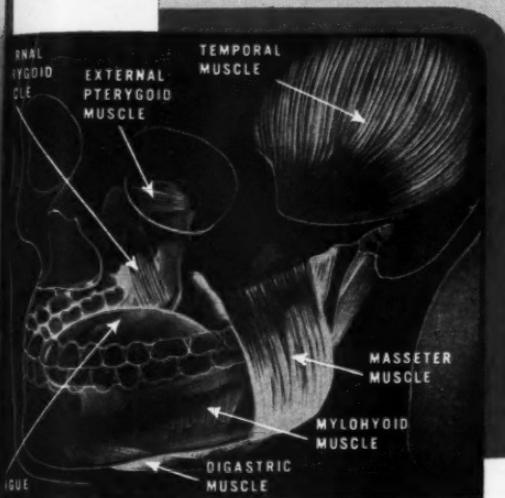
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—for balanced occlusion through sturdy muscle growth

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That is why so many dentists are giving increasing thought to the influence of muscular forces in the development and retention of balanced occlusion—or the improvement of malocclusion.

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Gentlemen:
Please send me free supply of samples of Dentyne Gum.

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THE IDEAL
MASTICATORY



METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

VI. Measurement of the P-P Factor (Nicotinic Acid)

• Early investigations by the U.S. Public Health Service demonstrated that pellagra may be prevented or cured by dietary regulation. Human subjects confined to an institutional diet known to produce pellagra, were completely protected from this disease by proper supplementation of the institutional diet (1). Ultimately, the existence of the P-P or Pellagra-Preventive factor was established (2).

From the similarity in natural distribution of the dietary factors effective in the control of human pellagra and canine blacktongue—as well as the pathology of these two diseases—the working hypothesis that canine blacktongue is the analogue of human pellagra was adopted (2). Techniques (2, 3) were devised for estimating the pellagra-preventive value of foods by feeding tests with dogs and the results checked by clinical observations with human subjects. The ability of a food to supplement basal diets—known to produce canine blacktongue or human pellagra—so as to prevent or delay the development of characteristic symptoms were the criteria employed for judging the P-P values of foods. Such tests using dogs or human subjects are still the most reliable methods for measuring the P-P potencies of foods (4, 5).

Although pellagra-producing diets may frequently be deficient in a number of essential nutrients (4, 6), the value of

nicotinic acid or nicotinic acid amide for the treatment of the specific symptoms of blacktongue or pellagra is well established (7, 8). Recognition of the importance of nicotinic acid in human nutrition created a definite need for rapid methods of estimating the nicotinic acid content of foods. The possibilities of the reaction between nicotinic acid, cyanogen bromide and aromatic amines as a basis of a colorimetric method for estimating nicotinic acid are receiving consideration (9). However, cyanogen bromide and aromatic amines may react with a number of compounds containing the pyridine ring to produce a yellowish green color. Therefore, it is essential that the specificity of any method for nicotinic acid be clearly established before nicotinic acid values determined by the method can be accepted as indicative of the pellagra-preventive values of foods.

Permanent control of endemic pellagra will require inclusion of a larger number of the protective foods in the pellagrin's diet (4, 6). General improvement of diets by this means will serve to correct not only deficiencies of the P-P factor, but of other essential factors, as well. The value of commercially canned foods in a program designed to correct pellagra—as well as its attendant or secondary dietary deficiencies—might well be emphasized.

AMERICAN CAN COMPANY 230 Park Avenue, New York, N. Y.

- (1) 1915. U. S. Pub. Health Reports 30, 3117.
1923. Ibid 38, 2361.
- (2) 1926. U. S. Pub. Health Reports 41, 297.
- (3) 1928. U. S. Pub. Health Reports 43, 657.
- (4) 1939. The Vitamins: A Symposium, page 297,
Amer. Med. Assn., Chicago.
- (5) 1934. U. S. Pub. Health Reports 49, 754.
- (6) 1939. J. Am. Med. Assoc. 112, 2581.
1938. Ibid. 110, 1081.
1939. Am. J. Digestive Diseases 5, 807.
- (7) 1937. J. Am. Chem. Soc. 59, 1767.
1938. J. Nutrition 16, 355.
- (8) 1937. J. Am. Med. Assoc. 109, 2054.
1938. Ibid. 110, 622.
- (9) 1938. Nature 141, 830.
1939. Biochem. J. 33, 264.

What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y. This is the fifty-seventh in a series which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

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DENTIST
IS A DARLING!



MY MOUTH NEVER FELT SO GOOD!

● PATIENTS are daily grateful to their dentists for teaching proper home care of the mouth. Teeth sparkle, gums glow, when cared for *thoroughly* — with products truly adapted for the purpose.

PYCOPÉ Tooth Powder is "Council-Accepted." A scientific product, it is more than a palatable confection. Both its CLEANSING ACTION and SOLUBLENESS are practically 100%. It has no soap, no glycerin. The salt, of its salt-and-soda base, is sifted to eight times the ordinary fineness and is in complete solution within 30 seconds. Pycopé is also 100% SAFE. It has no sodium perborate, no grit. And it WILL NOT MAT a toothbrush!

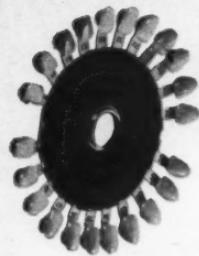
PYCOPÉ Brushes excel for interdental brushing. The small head reaches every part of the mouth. The straight brushing plane insures contact with every surface of every tooth. And the rigid handle and stiff bristles permit controlled action at all times.

Both are products that really benefit your patients.
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ETHICAL PRODUCTS WORTHY of YOUR PRESCRIPTION



They work in pairs an



Certified Enamel

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Turns around the "Perfect Circle"

The vast majority of teeth may be perfectly matched to one of the seven tooth shades keyed on Certified's "Perfect Circle." However, when blending is required, you pair equal parts only of two colors for practically every blended shade.

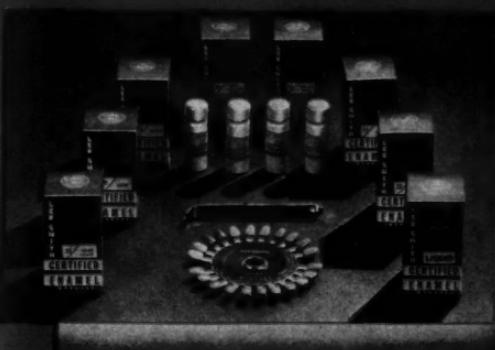
Use the "Perfect Circle" as your guide. This new blending plan works like music up and down a color scale. From lightest yellow to lightest gray—through darker yellow to grayish yellow to yellowish gray, every possible tooth shade combination is easily, accurately determined. Look for the new life-like translucency in Certified Enamel Improved. Specially developed basic pigments substitute the true reddish hues of natural teeth for the lifeless green cast of less modern silicate colors.

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Perfect Circle	3.00
1 Measuring Device	
	TOTAL VALUE \$31.60



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A STEP AHEAD
IN 1935



TWO STEPS AHEAD
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by Dr. Myerson himself.*

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TOOZ, Regular Slow	\$4.00	\$1.45
TOOZ, Int. Clear Base	5.50	2.05
TOOZ, Int. Blue Base.....	5.75	2.10
Singles, Regular Slow "RS".	2.50	.90
Singles, Int. Clear Base "CS"	3.50	1.25
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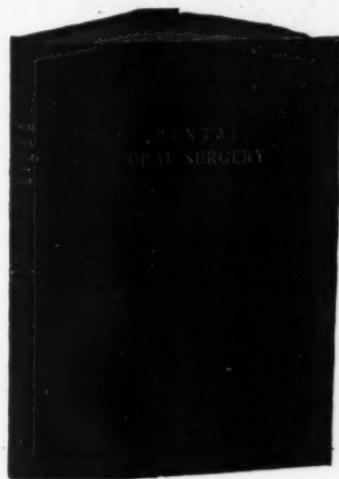
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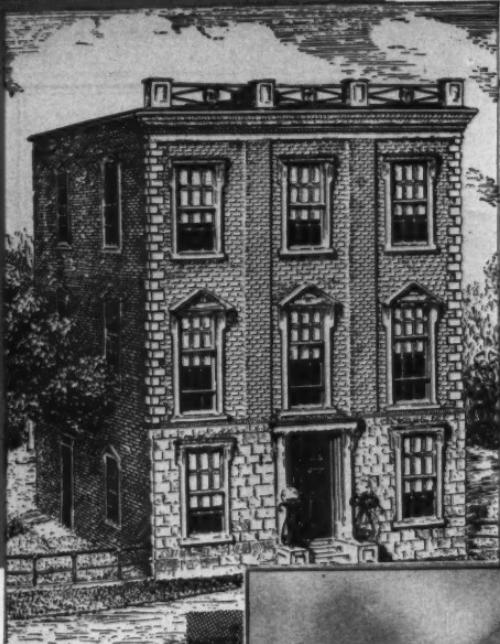
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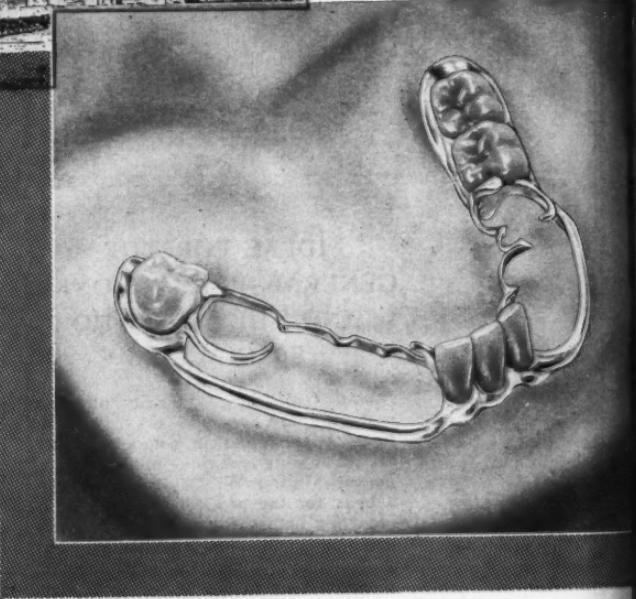
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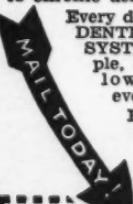
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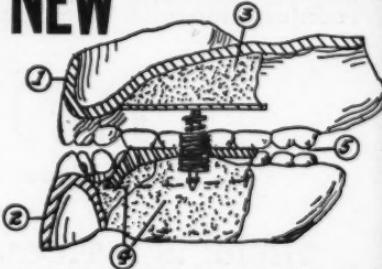
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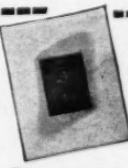
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makes it easy to reach
exposed surfaces of all teeth



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The Squibb Angle Toothbrush has three rows of high quality, natural bristles — six tufts to a row — suitably spaced. Two degrees of stiffness — hard and medium.

The Squibb Angle Toothbrush is a brush you will like to use yourself . . . a toothbrush you will be pleased to recommend to your patients. It is suited to mouths of all types and adaptable to all brushing techniques.



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safely and effectively**

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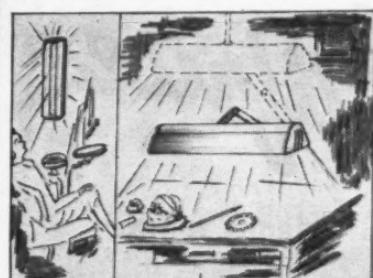
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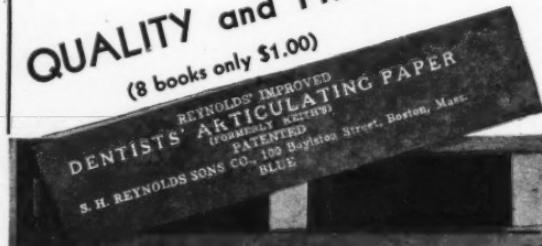
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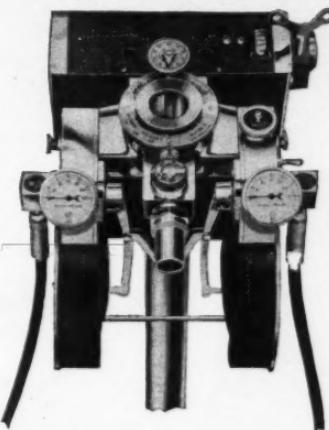
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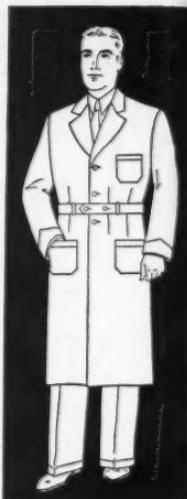
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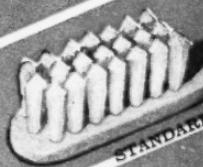
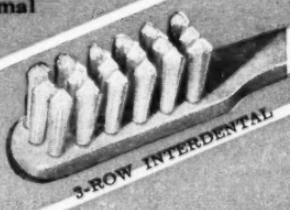
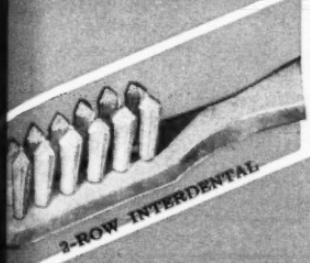
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3. **STRAIGHT** Takamine Bamboo handle will not bend.
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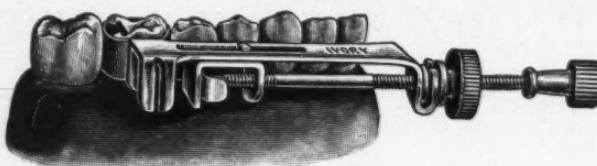
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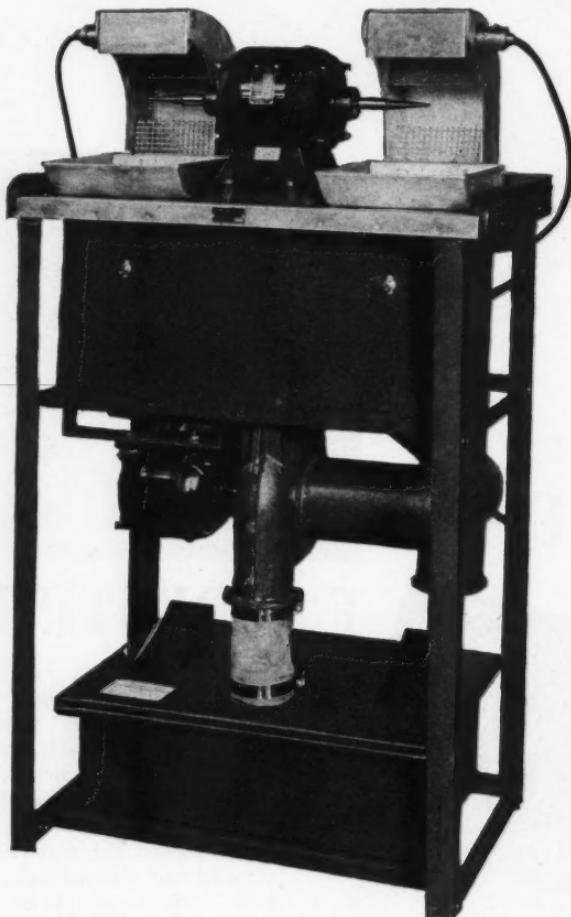
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Powerful suction draws in all dust and filings from Lathe Wheel and deposits into tray or into removable bag. Portable—only 18½ lbs. Compact—6 in. by 12 in. No servicing. 1-YEAR GUARANTEE. (D.C. Current, \$34.50
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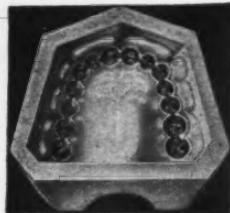


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Two sizes—1-speed and 2-speeds. 1-YR.
GUARANTEE. At left, 2-speed \$38.00
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MAKE YOUR OWN MODELS COLUMBIA

RUBBER DENTOFORM MOLDS turn out demonstration models as fast as plaster or stone sets. All you want—when you want them. Can be made with Ivorine abutments by inserting Ivorine Teeth into mold before pouring.



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Special Offer—set of Upper and Lower Molds and 28 Ivorine Teeth, \$16.00

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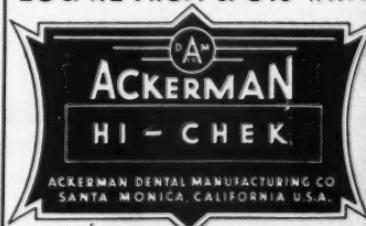
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Best grade of
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Relieve High Spots on new dentures and
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One reason for this difficulty is that even the normal mouth may give rise to odor as a result of constipation. Whether the odor has its source in oral disease or not, it is good practice to clear out the intestinal tract and eliminate this possible influence.

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Control. Temperature to 2500° F. Platinum
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CONTAINS NO ABRASIVES, NO SOAP, NO SODIUM PERBORATE. A capful of Calsodent makes a glassful of solution. Used as a brushing dip, makes massage brushing pleasant; removes debris from brush; "cuts" mucin; has tonic effect on gingival tissue. Solution also acts as most effective mouthwash.

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Dissolve 1 capful in
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as mouth wash and
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1 lb. net weight.

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BRUSH HEAD NOT TUFTED, NOT TOO LONG,
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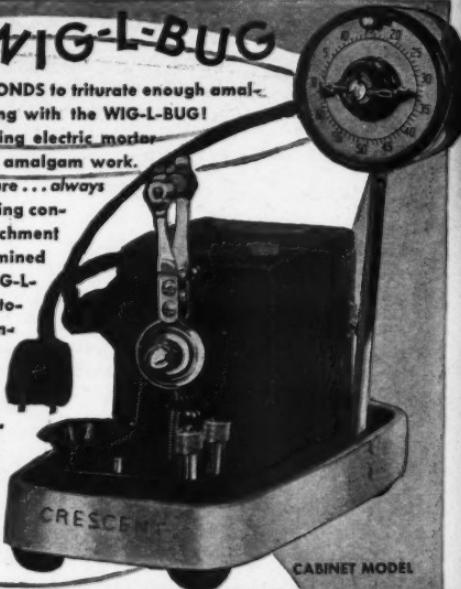
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It's no wonder this time-saving electric motor and pestle is revolutionizing amalgam work.

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In 1940, organized dentistry celebrates a Century of Progress.

This century gave birth to anesthesia; on December 11, 1844, using himself as a patient, Dr. Horace Wells demonstrated that nitrous oxide produces blissful slumber during extractions.

But *local* anesthesia has played an even more important part in the progress of dentistry during the past century. Usually, patients in the dental chair do not like to lose consciousness. And so, when, forty years later, in 1884, Dr. Carl Koller discovered the local anesthetizing properties of cocaine, this new method of performing dental operations, by making the local area insensible to pain, brought an increased flow of patients to the dental chair.

It was not long before the dental profession discovered that this was not an unmixed blessing. The next step in the progress of local anesthesia occurred in 1905, when Einhorn and Braun discovered novocain (procaine). Procaine, although not the ideal in local anesthesia for which the profession has striven, reigned supreme for more than thirty years.

The third important milestone was reached when Monocaine HCl was syn-

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the influence of anesthesia on the progress of dentistry during the past 100 years

Progress has been made in our laboratories and announced before the American Chemical Society
itself as early as April 1937.

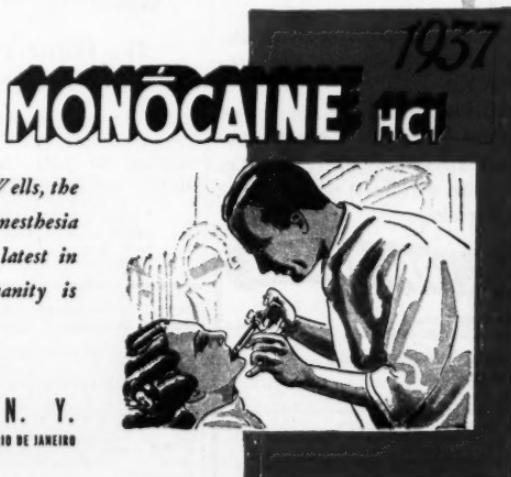
blissful

1905

The greatest disadvantage of procaine is that it is a vasodilator, causing a fall of blood pressure upon injection. This makes necessary stronger concentrations of epinephrin and it is thought to be responsible for the "jittery" reaction that procaine causes at times. Monocaine HCl on the other hand, is a slight vasoconstrictor in itself. Monocaine HCl is more potent than procaine, and, in the concentrations used, less toxic.

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accomplishments
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pain. From a dentist, Wells, the
discoverer of general anesthesia
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This preparation applied on a pledget of cotton after extraction subdues pain, helps control infection and minimizes the inflammation.

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A fair trial of Stanazine* in your own practice, will prove more convincing to you than anything we might say about it.

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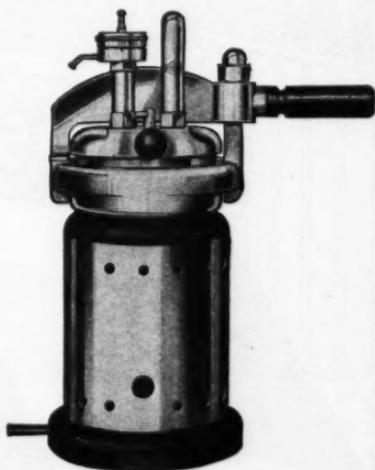
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- A manufacturer of a well known Acrylic denture material says in his directions, "The use of a vulcanizer breaks down the plaster and stone and simplifies de-flasking."

Another states, "The vulcanizer method which breaks down the plaster and stone is preferred."

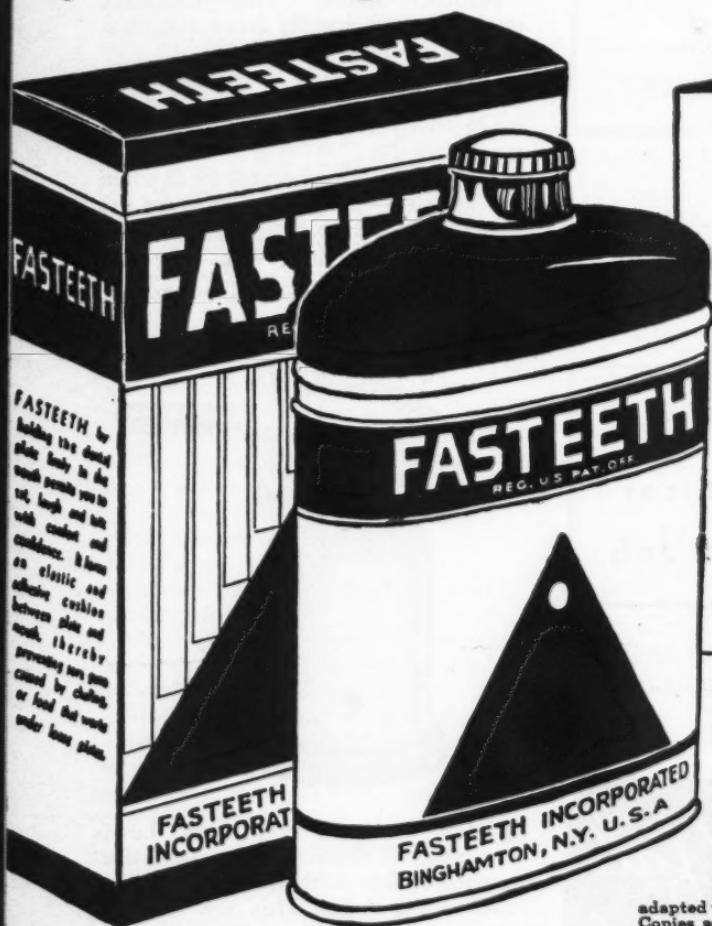
And still another says, "The use of the vulcanizer makes the denture more easily removed from the plaster."

Why use any other method when the use of a vulcanizer simplifies the process of de-flasking and reduces the danger of damage to teeth and material?



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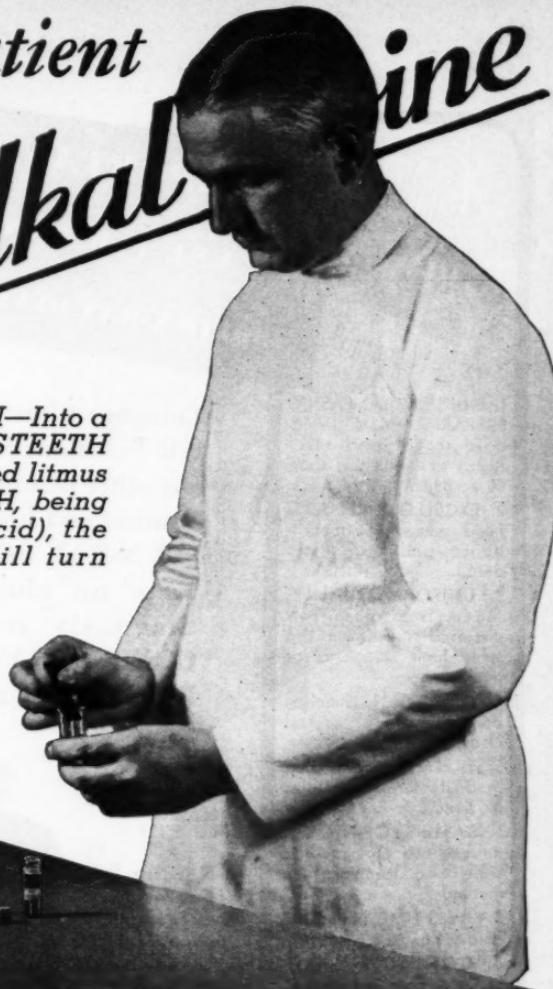
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TEST FASTEETH—Into a solution of FASTEETH place a strip of red litmus paper. FASTEETH, being alkaline (non-acid), the litmus paper will turn blue.

Whether a dental plate is loose in effect because of beginner's awkwardness or loose in actuality because of alveolar resorption, FASTEETH admirably fills the breach until mastery of the new denture is attained or until the old, loose denture is properly readapted to mouth tissue changes.

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YOUR immediate acceptance of Crystolex, and the rapid rise of Crystolex among all Denture Bases, are events soundly logical. For experience has made the whole Profession trademark-wise. Long ago you learned that the name KERR is carried only by products on which research and experiment have been successfully completed AT OUR OWN LABORATORY.

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We appreciate this confidence of the Profession we serve. It repays us many times over for the years of painstaking research we have spent on Crystolex development.

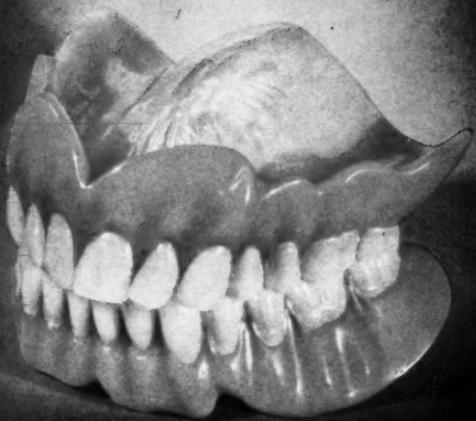
Our original research on Crystolex was conducted in cooperation with the great chemical firm of Rohm & Haas of Philadelphia. Continued experiments and tests in their extensive research laboratories have now made possible a ready-mixed Crystolex which replaces the powder and liquid form. This ready-mixed product embodies the fine Crystolex features of life-like color, fine texture, and the other characteristics of superiority with which you have become familiar.

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Here is a product which has been a leader for a quarter-century.

Ground to microscopic fineness, immaculately clean and manufactured especially for Dentist's use, Kerr Snow-White Plaster produces models and impressions famous for strength, velvety surface and pure, lasting whiteness.

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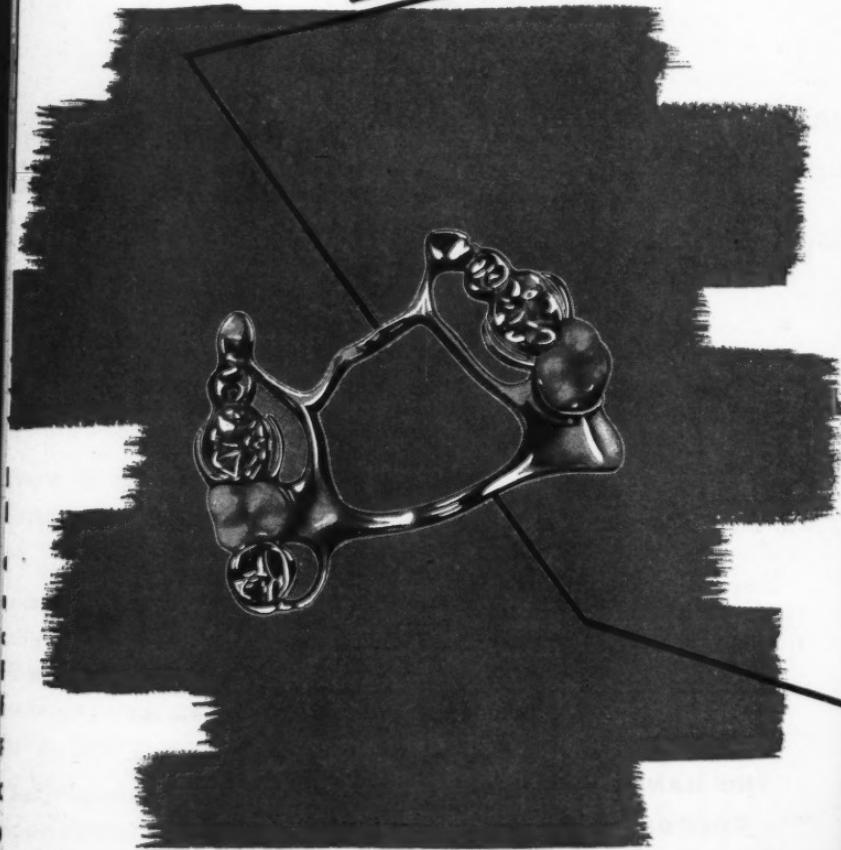
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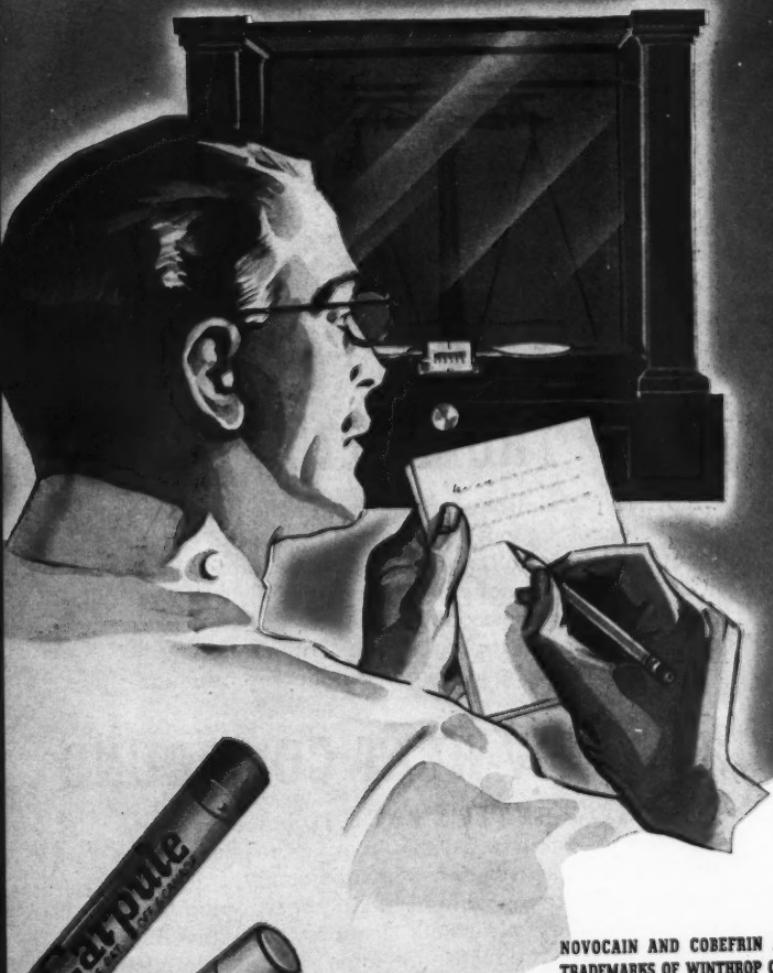
MIZZY LOW-HEAT COMPOUND

MIZZY LOW HEAT COMPOUND has every feature that you, yourself, desire in an impression material. Doctors like it because it chills easily, fractures cleanly and carves without flaking or chipping. But, above all, they praise its accuracy and the fine texture that reproduces the most delicate details, sharply and without distortion.

Mizzy Low Heat Compound is safe . . . ready for use at only 125° Fahrenheit . . . it eliminates all chance of burning mouth tissue.

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all the factors when choosing your local anesthetic

The most effective use of your operating skill and ability...the reputation you build among your patients and their friends...all this depends largely on the comfort and control of pain you provide for the person in your chair.

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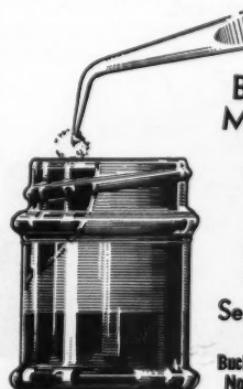
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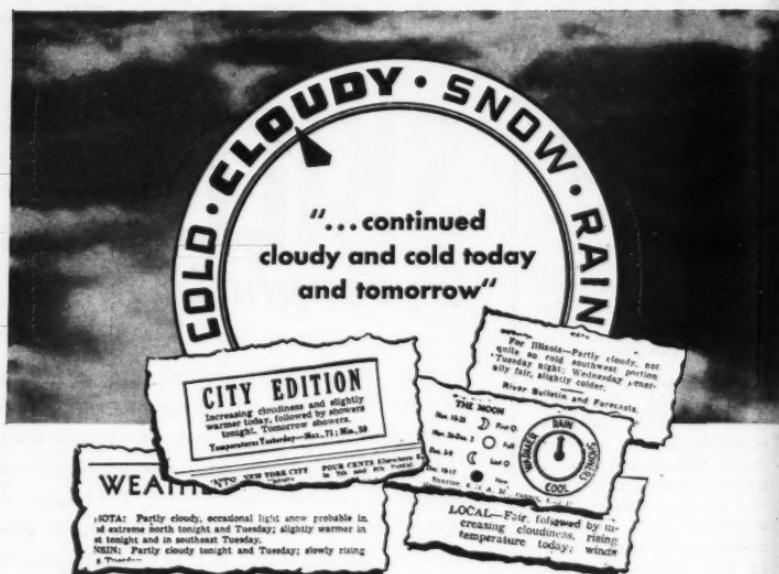
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